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ABSTRACT

This final report presents activities and accomplishments of a three-year outreach project to link programs and agencies serving deaf and hard of hearing children and their families with child care programs in their communities. Each year project staff provided training in establishing integrated early childhood programming and child care for at least four sites. Training participants included administrators, teachers, and parents. Facilities included child care centers, schools for the deaf, public and private schools, nursery schools, and a research hospital. The project was based on the Integrated Preschool Model developed at Gallaudet University (District of Columbia). The three phases of the model involved two training sessions at Gallaudet University followed by periods of application at trainees' home sites. During the final phase trainers worked with professionals and parents at local sites to advance integration and interagency relationship and provide final feedback. The project also provided on-going long distance technical assistance and produced a book, "Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices." After an executive summary, individual sections of this report describe the project's goals and objectives, conceptual framework, model, problems and their resolution, evaluation findings, impact, and statement of future activities. An appendix provides training agendas and forms. (DB)

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ED 418 543

ACCESS FOR ALL: COLLABORATION FOR COMPREHENSIVE CHILD CARE FOR DEAF AND HEARING PRESCHOOLERS AND THEIR FAMILIES

PROJECT ACCESS

Grant # H024D40051

FINAL REPORT

OFFICE OF SPECIAL EDUCATION PROGRAMS

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Executive Summary

The outreach project Access for All: Collaboration for Comprehensive Child Care for Deaf and Hearing Preschoolers and Their Families (Project Access) was a three-year outreach grant funded by the Office of Special Education and Rehabilitative Services (#H024D40051). The Project was established to link programs and agencies serving deaf and hard hearing children and their families with child care programs in their communities. The Project Access staff (Project Director, Project Coordinator, Deaf Education Specialist, Consultants, and Project Evaluator) provided technical assistance to programs throughout the country who were interested in establishing appropriate integrated early childhood programming and child care for deaf, hard of hearing and hearing children.

Each year of the grant, the Project Access staff provided training for at least four sites (as the original proposal stipulated). The participants from each site included administrators, teachers and parents. The kind of facilities from which the professionals and parents came were child care centers, schools for the deaf, public and private schools, nursery schools, and a research hospital. As people learned about this project, other professionals wanted to join the training and were willing to pay for their own travel, food and lodging. (In the grant's budget there was money to cover expenses for the professionals and parents from only four sites a year).

Therefore also in attendance was a state-wide deaf education trainer, from Utah an administrator of an agency serving a deaf community in Frederick, MD. and four early childhood educators from Iceland and Canada, all of whom worked in preschools for deaf children. At times, some of the administrators from the identified outreach sites wanted to send more representatives than the grant allowed. Therefore more parents or specialists attended the inservice training than the two or three from each site for which the grant paid.

Project Access outreach was based on the highly successful demonstration model, the Child Development Center-Kendall Demonstration Elementary School (CDC/KDES) Integrated Preschool Model which is housed at the Gallaudet University campus child care center. Since 1988, CDC has served deaf, hard of hearing and hearing toddlers and preschoolers in an integrated child care program. A product from that grant was a book and videotape entitled: Access for All: Integrating Deaf, Hard of Hearing, and Hearing Preschoolers. The model demonstration project was partially funded by a grant from the U.S. Department of Education Handicapped Children's Early Education Program.

Project Access had three main components to its outreach model, which occurred over a year. Phase One - Part One: Getting Ready was a three day

inservice training at Gallaudet University for administrators and parents from the four different sites. Phase One - Part Two: Setting the Groundwork was the "homework" stage, where the participants went back to their sites and worked on their own goals based on the information learned from the inservice. Phase Two - Part One: Preparing for Children was a three day inservice training at Gallaudet University for administrators, parents and teachers from these same sites. Phase Two- Part Two: In the Classroom was when the participants went back to their sites and once again worked on their own goals. Phase Three- Part One- Getting Involved was the time for members of the Project Access staff to visit each site. During this visit the Project Access staff worked closely with professionals and parents at the site to advance the integration project and interagency relationships. What occurred at the site visits varied based on the situations at the different sites. Phase Three - Part Two: Follow Up was a time for the Project Access staff to summarize the visit and send a detail report to the administrator at the site. The report included specific information and ideas needed for the integrated project to continue to grow.

This outreach model was implemented three times: 1994- 1995, 1995- 1996, and 1996-1997. Before each inservice training session began, an extensive needs assessment was sent to each participant to ensure that the specific training items and focus of the intensive session would match the needs of the group. At the end of each inservice session, the participants completed an evaluation form. The Project Evaluator also conducted interviews with many of the participants. This data was used to improve the upcoming sessions. Likewise, when the Project Access staff visited the various sites, data was collected from every event at which they attended. At the end of the three and half years (an eight month no cost extension was given by the Department of Education), the Project Director and Evaluator spoke to representatives from all sites to gather information on the current status of the integration program, specific feedback about the training methods used, recommendations for others interested in this kind of programming, and what future support the participants wanted from Project Access.

Besides creating a relationship with the outreach site participants through the three modules of this training, the Project Access staff provided on-going technical assistance through email, faxes, phones and TTY's. The Project Access staff also presented workshops at national conferences, at local agencies and wrote a newsletter. The final product of the grant is a book entitled Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices. This book went beyond the original concept of a training manual to include a discussion about what occurred at the various sites and what the issues are related to truly providing an appropriate integrated early childhood site for deaf, hard of hearing, and hearing children and their families.

Goals and Objectives Of Project Access

Goal 1. AWARENESS SHARING To provide child care programs, programs serving deaf children, state agencies, community groups, and parents with information about educating and caring for preschool deaf and hard of hearing children in integrated early childhood settings.

Objective Ia. To use the videotape and manual Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers to share information about the Gallaudet University Child Development Center-Kendall Demonstration Elementary School Integrated Preschool Model (C-K/IPM) to community groups, members of early childhood organizations, professional at schools for the deaf, as well as appropriate persons from the state's lead agency in charge of Part B and H of IDEA.

Objective Ib. To provide training regarding the benefits and issues related to integrative programs for deaf, hard of hearing and hearing young children to parents, community members and other interested parties.

Goal 2. INTERAGENCY COLLABORATION INFORMATION To provide information to lead agencies in several states, programs for deaf children, child care centers and early childhood programs in schools regarding establishing interagency collaborative agreements to integrate deaf and hard of hearing preschoolers.

Objective 2a. To provide training to administrative personnel on how to prepare for a successful interagency collaboration.

Objective 2b. To provide continual information and feedback to protect sites and administrators to develop interagency agreements.

Objective 2c. To offer technical support to each agency to ensure that the agreement can be implemented and changed as needed.

Objective 2d. To provide training to project sites to illustrate the benefits of interagency collaborations to parents, teaching staff and the community.

Goal 3. RECRUITMENT OF PARENTS FOR INTEGRATED PROGRAM To recruit parents (where needed) to participate in an integrated setting.

Objective 3a. To help design a needs assessment form to gather what kind of integrated child care programs families need. To help outreach sites, staff process information about what families need in an integrated setting.

Objective 3b. To help prepare information for parents explaining about the benefits of an integrated child care program.

Objective 3c. To help staff prepare an orientation program for new parents for the integrated child care program.

Goal 4. PARENT INVOLVEMENT To ensure that parents are fully participating in outreach project and in integrated programs.

Objective 4a. To train and assist outreach sites' staff to develop or enhance a parent involvement program for parent of deaf and hearing children.

Objective 4b. To ensure mechanisms for parents to be involved in all aspects of the outreach project, the school or agency serving deaf children, and the integrated child care program.

Goal 5. RECRUITMENT OF DEAF STAFF AND VOLUNTEERS To work with personnel from programs for deaf children, early childhood settings, volunteer clearinghouses, high schools, colleges, and universities to recruit and train deaf individuals to work in integrated settings.

Objective 5a. To share information on how to work within the deaf community to recruit deaf individuals in an integrated early childhood program.

Objective 5b. To develop a team building process and training plan for deaf and hearing teachers to work cooperatively within an integrated early childhood program.

Goal 6. PREPARATION OF TRAINING MATERIALS To adapt the training materials already available from the C-K/IPM to match the specific needs of the outreach participants. To prepare more training materials for the inservice sessions of each phase. To prepare a final training manual to be used by others who want to adopt parts or all of the C-K/IPM.

Objective 6a. To process the needs assessment of the participants and review current training materials as to their usefulness.

Objective 6b. To process the needs assessment of the participants and gather new and different information relevant to integration, interagency collaboration, and deaf education.

Objective 6c. To prepare for notebooks, overheads and other written materials for each inservice. To gather relevant videotapes, curricula, and other materials for each in8ervice.

Objective 6d. To prepare a final training manual, including all the training topics used in the three year outreach project, to be available for others to replicate the C-K/IPM.

Goal 7. INTEGRATION EDUCATION To prepare teachers (deaf and hearing) from project sites for working with deaf and hearing children in an integrated early childhood setting.

Objective 7a. To provide training to teachers in best practices for all young children, and specifically best practices for deaf and hard of hearing children.

Objective 7b. To provide training to teachers in establishing a classroom learning environment which is accessible to deaf, hard of hearing and hearing preschoolers.

Objective 7c. To provide information and feedback to teachers while they prepare for and work in an integrated setting.

Goal 8. EDUCATIONAL INFORMATION DISSEMINATION To provide information to project staff about the various options of education for deaf children, information on deafness, communication, social, and academic development and placement options for deaf child.

Objective 8a. To provide workshops and materials about educating deaf preschoolers in any setting, including an integrated setting.

Objective 8b. To provide access to resources on deafness, communication, social and academic development and placement options to project sites (e.g. Access for All, information for the national Information Center on Deafness)

Objective 8c. To provide workshops and materials to staff about working with families with deaf children.

Goal 9. NATIONAL OUTREACH AND GROWTH To provide NEC*TAS with information about the C-K/IPM model. This in turn will allow NEC*TAS to connect the CDC Outreach Project designers with personnel from states who are interested in adopting all or parts of this integrated model.

Objective 9a. To develop information about the consultation, training, resources and technical assistance available by the CDC Outreach Project to be used by NEC*TAS.

Objective 9b. To develop appropriate outreach services for various states, which are in need of information and assistance that the CDC Outreach Project can provide during the second and third year of the outreach grant.

Goal 10. OUTREACH EVALUATION To develop, implement and analyze an evaluation process of our outreach efforts with the state's lead agencies for IDEA, administrators of schools for deaf children and early childhood programs, parents, and community.

Objective 10a. To research and develop appropriate tools to assess the outreach efforts of the CDC Outreach Project.

Objective 10b. To use the evaluation tools to determine strengths and weaknesses of the CDC Outreach Project.

Objective 10c. To make any necessary changes to better the CDC Outreach Project.

Objective 10d. To develop and implement evaluation forms for each training activity and for each technical assistance offered.

Goal 11. CHILD AND FAMILY PROGRESS EVALUATION To implement and analyze an evaluation process to determine if children are appropriate placed in their integrated settings and if parents are satisfied with the placement.

Objective IIa. To review and explore evaluation tools to best measure child placement and family satisfaction.

Objective IIb. To determine what are the necessary changes to improve the child's placement and parent satisfaction.

Goal 12. NATIONAL LINKING AND DISSEMINATION To bring together administrators and teachers from different programs serving deaf, hard of

hearing and hearing children during the three years to share information on interagency collaboration and integrated programs.

Objective 12a. To establish meetings where different administrators and teachers can come together to share information, ideas and strategies about their programs.

Objective 12b. To attend and present on the CDC Outreach Project at child care, special education and deaf education national conferences.

Objective 12c. To develop and distribute a mainstreaming newsletter to outreach sites participants, as well as other interested parties, about relevant information about integration, interagency collaborations and best practices for deaf children.

Conceptual Framework for Project Access

The conceptual framework for Project Access is based on the following theory and research.

Overview of the Program

Deaf children are presently not integrated into child care programs to the same extent as children with other special needs (Wolery et al., 1993). When deaf children are integrated, they are frequently unable to fully participate in the program activities and interactions with their teachers and peers. The inability of child care professionals to communicate effectively with deaf children and to modify their activities and programs results in diminished opportunities for deaf children to participate in community-based child care programs.

Families with deaf and hard of hearing children, like all families, are finding it increasingly necessary to find quality child care for their children. These families, however, have an additional challenge to finding quality, affordable, community-based child care. Families with deaf children also need to locate a program in which the child care staff is both willing and able to meet the special needs of their child.

Child care programs are under increased pressure to provide access for all children, including those with special needs. Recent legislative initiatives encourage child care programs, programs serving special needs children, and families to work together to provide opportunities to participate in "natural environment." The National Association for the Education of Young Children supports the integration of children with special needs in child care programs which are both developmentally and individually appropriate. Most child care programs, however, lack the resources, personnel, and expertise to provide appropriate programming for deaf and hard of hearing children.

Project Access aimed to link programs and agencies serving deaf and hard of hearing children and their families with child care programs in their communities. The project had three overriding goals. First, the project provided training and technical assistance to schools and programs serving deaf children and child care agencies to create a comprehensive, developmentally appropriate child care program for deaf and hard of hearing children and their families. Second, the project provided inservice training and technical assistance to administrators, teachers and families to establish a positive integrative experience for all children within a child care setting. Third, the project provided inservice training and technical assistance to all the participants about developing interagency collaboration.

The training focused on issues related to collaboration, staff, families, and children.

Needs of Young Deaf Children

A review of the literature identifies several components as essential for preschool programs for deaf and hard of hearing children in a "least restrictive environment." 1) An early childhood program must provide the child with full accessibility to the language of the classroom (Erting, 1991). The language may be transmitted through spoken language, sign language, cued speech, or a combination of modalities depending upon the unique needs of the child and family preference. 2) The program should include deaf adults as role models and language models for children who are deaf or hard of hearing (Erting, 1983; Henderson & Hendershott, 1991). 3) The environment should encourage hearing, hard of hearing or deaf children to communicate and interact with each other, as modeled by effective interactions of deaf and hearing adults. 4) The early childhood environment should be developmentally and individually appropriate (Bredekamp, 1987).

Many deaf children, especially those whose hearing loss is severe or profound respond more naturally and effectively to sign language than to spoken language. This occurs because these children receive information mainly through the visual rather than auditory channel (Erting, 1983; Meadow, 1975). In order to provide deaf children with the same opportunities and access to child care as is presently available to children who can hear, teachers must be able to communicate using a visually comprehensible communication system such as American Sign Language.

Research of deaf children with hearing parents (approximately 92% of all deaf children) supports the difficulties these children face in acquiring language naturally. The provision of a developmentally appropriate child care environment in which language and communication are fully accessible during the deaf child's preschool years could significantly improve later academic and social success (Brasel, 1975; Erting, 1983; 1991; Meadow, 1967).

Deaf children and their families benefit in many ways from early intervention services (Meadow-Orlans, 1987; Watkins, 1987). The earlier deaf children are enrolled in early intervention programs, the more positive the outcomes. Deaf children with deaf parents tend to out perform deaf children with hearing parents in many areas. This suggests that deaf parents' use of fluently signed communication with deaf children during the early years significantly enhances their opportunities of acquiring the language foundation necessary for educational achievement. In fact, deaf children who have deaf parents acquire language at the same rate as hearing children with hearing parents (Petitto & Marenette, 1991), and generally enter school ready to learn.

Since most deaf children are born into hearing families who are unable to provide a visually comprehensible language model, the early intervention professionals become the primary language models for both children and their families. While most parents take advantage of the opportunities provided to them to learn how to communicate with their youngsters, it typically requires several years before parents

can become fluent signers. This suggests that child care centers with staff who are fluent signers have an unprecedented opportunity to give deaf children the visually accessible language experience that hearing parents, in general, are unable to provide.

Most preschool deaf children receive only part-time services through speech and language clinics or school programs (American Annals of the Deaf, 1993). As a result, most deaf children have extremely limited access to language, often only during the hours or days in which they are enrolled in specialized programs for deaf and hard of hearing children. Providing child care in environments in which there are both adults and children who can communicate fluently would provide greater opportunity for deaf children to acquire language naturally. Child care designed to supplement and complement the specialized programming these children already receive affords many opportunities to develop language and social skills to interact with both hearing and deaf peers (Antia, Kreimeyer & Eldredge, 1993; Brasel, 1975; Erting, 1983; Meadow, 1967; Moores, 1986).

Needs of Families

The difficulty for working parents of deaf and hard of hearing children is well expressed in this message printed in an North Carolina newsletter serving families of deaf children:

> Are you having trouble finding day care for your child who is hearing impaired? You are not alone. This is a problem across the state. Some people have come up with some very creative solutions. Maybe they would like to share them with our readers! Others still struggle with not-so-good solutions. (BEGINNING for Parents of Hearing Impaired Children, 1990).

These experiences are reflective of a national survey stating that child care centers only enroll 15% of children with certain disabilities (including mild to moderate mental retardation, moderate to severe mental retardation, visual impairments, 30.6% with developmental delays, 24.1% with behavior disorders, and 20.8% with physical handicaps (Wolery et al., 1993). Yet Klein and Sheehan (1987) estimated that between 40 and 50 percent of mothers with a disabled preschooler are working outside the home.

The passage of Public Law 99-457, the Education of the Handicapped Act Amendments of 1986, changed and reauthorized as PL 102-119 and renamed the Individuals With Disabilities Education Act of 1990 (ADA), PL 101-336, support the integration of disabled children into regular early education programs, including child care centers (Alexander Graham Bell Association for the Deaf, 1993). However, the integration of deaf children appears to be occurring at a slower rate than children with other disabilities (Wolery et al., 1993).

The limited integration of deaf children into child care programs may be due to the unique needs of deaf children (i.e., different modes of communication and language); the lack of knowledge and training of child care staff on best practices for deaf children; information on how to integrate deaf, hard of hearing and hearing children; the lack of resources available, or the lack of available child care centers willing to serve deaf children and their families.

Integrated Programming for Child Care

Public Law 102-119 recognizes the importance of natural environments for children with special needs. These include homes, child care centers, preschools, special centers and other settings. While the legislation supports the provision of services in natural environments, few guidelines exist to ensure comprehensive services which enhance the optimal development of children with special needs in integrated environments. The C-K/IPM provided a framework and training model to guide other centers in establishing effective programs.

The Americans with Disabilities Act provides an added incentive to child care programs to work collaboratively with programs who have specialized personnel and other resources. Under the ADA, child care programs are required to make accommodations to meet the needs of children with special needs. As more and more children with special needs apply for child care, guidelines and training for staff will be increasingly critical. The outreach model proposed provided the framework for child care programs to work collaboratively with special programs for deaf children to provide full access to child care programming.

Integrated programs for disabled and nondisabled children is an accepted practice for effective early intervention because of social ethical, educational, and legal issues (Bruder & Bologna, 1993; Cole, Mills, Dale & Jenkins, 1991; Guralnick, 1990; Wolery et al., 1993). Benefits of integrated programs for young children include understanding about diversity, developing positive attitudes toward people with disabilities, providing typical role models for children with special needs (Wolery et al., 1993).

Public Law 99-457 legislates that qualified service providers coordinate efforts to provide comprehensive, coordinated, multidisciplinary, interagency programs for infants and toddlers and their families. The legislation requires collaboration and coordination by agencies to provide services to the child and enhance the family's ability to meet the needs of their child. The Child Development Center (CDC) utilized a cooperative agreement model which focuses on developing shared philosophy and program goals which were achieved through joint agency activities (Bruder & Bologna, 1993).

A mere willingness to enroll and care for children with special needs is clearly not enough to ensure that a preschool program can successfully integrate these children into normal classroom activities. In the especially complex case of children

who are deaf, arrangements for a number of special services may be required—or at least advised—that are beyond the customary scope of most child care programs' efforts or present capabilities. Communication and language stimulation including sign language, speech and auditory development, audiological testing, and hearing aid fitting and adjustment are some of the services typically made available to youngsters and their families by school programs primarily serving students who are deaf. Availability of specialists and deaf adults to provide these services are often limited to school-aged populations of deaf children. These services are currently available to the children and families in the CDC through a cooperative arrangement between the Center and the Kendall Demonstration Elementary School (KDES) which provides both specialists and specialized materials and technology.

Project Access Approach

Project Access provided a system for schools and agencies serving deaf children to join with existing community child care centers or to expand their programs to include child care centers. Training was planned and implemented for child care staff about how to work most effectively with deaf and hard of hearing children and their families. Deaf adults, from the community were recruited and trained to work in the child care settings and public schools. Administrators, parents and teachers of schools and agencies serving deaf children and administrators of child care centers learned how to develop interagency collaborations and how to establish appropriate programming for integrated settings.

For deaf children, as well as children with other disabilities, and their families a collaborative approach to providing services seemed especially logical (Honig, 1992). In most situations no single program met all the needs of the deaf and hearing children. Instead, local and state agencies collaborated in developing interagency agreements and joint programmatic decisions (Burton et al., 1992; Smith, 1992). The fields of early childhood education and early childhood special education have acknowledged the necessity for interagency collaborations, multidisciplinary teaming, and family support to best serve young disabled and nondisabled children.

Some children benefit from participation in both mainstreamed and specialized settings. While many parents of deaf or hard of hearing children elect to enroll their children only in specialized programs serving deaf children, other parents choose to enroll their children in mainstreamed settings or to seek opportunities for their children to participate in programs enrolling hearing children in addition to the specialized services they receive. There is some indication that deaf children exhibit more advanced play behavior in mainstreamed settings than in specialized settings (Esposito & Koorland, 1989). A combination of mainstreamed and specialized services may be ideal for many deaf and hard of hearing children (Guralnick, 1990).

The Project Access approach is fully explained in the next section- Description of the Model and Adoption Sites.

Integrated Programming for Deaf Children

Educators and researchers, specializing in deaf education, and deaf adults are often wary of integrated or mainstreamed programs for deaf children because an inappropriate program may be a more restrictive environment rather than least restrictive for a child. A deaf child who depends upon American Sign Language (ASL) or a visual system for communication will be both socially and communicatively isolated from teachers and peers unless there are systematic efforts to work with both staff and children to develop strategies for communication and interaction.

The C-K/IPM is a successful comprehensive program which is obvious by several markers important for deaf and hearing young children and their families: full week education and care, continual language and social stimulation throughout the week, opportunities for deaf and hearing children to learn about each other and begin to accept differences among people, and an appropriately trained staff with low staff turnover rates (Antia, Kreimeyer & Eldredge, 1993; Esposito & Koorland, 1989; Smith, 1992).

Initially, deaf and hearing children in the CDC-KDES played together only minimally. Over time and through various techniques encouraging interactions, learning about each other and each other's culture and language, the deaf and hearing children showed more interactions and acceptance (Solit, Taylor & Bednarczyk, 1992). Many educators and researchers who work with disabled and nondisabled youngsters have experienced similar results (Honig, 1992). According to the Anti-Bias Curriculum, "Contact by itself does not necessarily reduce nondisabled children's misconceptions or fears—it may even intensify them—unless adults take active steps to promote children's learning about each other" (Derman-Sparks, 1989).

There have been many approaches taken by educators and researchers to determine the best ways to encourage positive interactions between disabled and non-disabled children. Antia, Kreimeyer and Eldredge (1993), in their studies of interactions between deaf and hearing preschoolers found that before, during and after intervention, children preferred to interact with peers of the same hearing status. They also found that hearing-impaired and hearing children who participated in activities in small stable groups of children over a lengthy period of time showed gains in total positive peer interactions, because familiarity appears to be a factor that positively influences peer interaction.

During the inservice sessions and continuing into the technical assistance periods, successful techniques and ideas for encouraging positive interactions between deaf and hearing toddlers and preschoolers were shared.

The C-K/IPM supported both deaf and hearing teachers, aides, and/or volunteers in the classroom. Erting's studies of preschool deaf children in a total communication setting suggest that children are most likely to experience optimal early language development if significant amount of their communication occurs with deaf as well as hearing adults. Comparing the interactions of deaf children and hearing teachers with the interactions of deaf children and deaf adults, she observed that hearing teachers more frequently fail to recognize many of the small, rapid, and often subtle signs of the children, while deaf adults more consistently adjust their communication styles to the perceived needs and abilities of the children, as well as to the interactional demands of specific situations (Erting, 1983).

Deaf adults also serve as positive role models for both deaf and hearing children. Deaf and hearing adults working together provide opportunities to emulate positive working relationships. Parents also benefit from the opportunity to interact on a regular basis with adult who are deaf. Parent are more likely to use sign language and develop improved skills when they have opportunities to interact on a regular basis with adults who are deaf (Greenberg, Calderon & Kusche, 1984; Spencer, 1993).

Curriculum Choices and Environment Adaptations

Assuming that the correct staffing, appropriate language, communication, and best practices for deaf children are implemented, teachers can use a variety of curricula. Curricula need to include "hands-on" activities, many opportunities for play, child-initiated and child-directed activities, holistic individual developmental approaches to planning, and an anti-bias approach in regard to disability, gender, culture ethnicity, and race (Bredekamp, 1987; Derman-Sparks; A.B.C. Task Force, 1989).

Most curricula that meet the above criteria can be used and adapted for children with special needs. Early childhood special educators, therapists, and early childhood educators need to work together to examine the curriculum used by the early childhood program and adapt the curriculum for children with special needs. Some children require a more structured behaviorally oriented program (Honig, 1992). Deaf and hard of hearing children need a curricular approach which emphasizes visual strategies such as props, pictures, gestures, and print as well as a hands-on and experienced-based approach. The curriculum should also emphasize social interaction and language experiences.

The C-K/IPM uses The Creative Curriculum for Early Childhood, The Anti-Bias Curriculum, The High Scope Curriculum, and as a underlying guide, the Developmentally Appropriate Practice in Programs Serving Children Birth through Age 8, Expanded Edition. Adaptations for each child care made based on the IFSP or IEP. For example, the curriculum may be supplemented by activities designed by speech/language therapists, audiologists, sign language instructors, psychologists, and occupational therapists. The project will provide specific training focused on adapting curriculum for deaf children. In addition, training will also address the environmental

barriers and strategies for facilitating play, social interaction, and learning in program for deaf and hearing children.

While modifications are necessary to accommodate the needs of young deaf children (Solit, Taylor & Bednarczyk, 1992), these adaptations are relatively easy to make with appropriate support and should enhance the environment for all children. Wolery and this research group (1993) found that mainstreamed programs reported using a wider range of activities than did nonmainstreamed programs, and that mainstreamed programs rated activities and areas as more easily adapted to accommodate children with disabilities than did nonmainstreamed programs.

Description of the Model, Adoption Sites, Dissemination Activities, and Training Activities

DESCRIPTION OF THE MODEL

The CDC-KDES Integrate Preschool Model which the Project Access Outreach Model was based on has several key components and beliefs, which are explained below in CDC-KDES shared vision statement.

CDC /KDES Shared Vision

When the CDC/KDES model was being developed it created a shared vision statement to lead its integration project. These beliefs were then shared with the outreach sites. Not all of the professionals and parents at each site were able to embrace all of the aspects of the CDC/KDES Integrated Preschool Model. The CDC/KDES shared vision statements are listed below. These became a beginning point for other programs to build their own vision of an integrated program. Following the CDC/KDES shared visions statement are the key components that need to be adhered to by all, if an integrated program for deaf, hard of hearing and hearing children will truly work.

Concerning collaboration:

- Parents, teachers and administrators must work together in an equal partnership.
- They must go through the process of developing and writing a clear mission statement, principles, or vision.
- This written statement provides the theoretical foundation from which the programmatic decisions grow.

Concerning evaluation:

- Evaluation is an essential part of planning and implementation, providing information for necessary changes.
- Evaluation must occur at all levels, from the planning team to the classroom.

Concerning families:

- Parents need information and support, not directives.

- Families' cultural and ethnic backgrounds are important, and the program should reflect them.

- Families are full partners in all aspects of the integrated program.

Concerning staff:

- It is best to have both deaf and hearing teachers within each integrated class.

- Deaf professionals are important role models for deaf children and should be present in the classroom at opportune times.

- Teachers and parents need to work together in order for each child's best potential to flourish.

Concerning training:

- Administrators, staff, and parents must decide together what kinds of training they need and on which topics.

- Developing a comprehensive plan for training and implementation is critical.

- Training is dynamic and ongoing.

Concerning children:

- The program is based on current recommended practices for young children.

- All children benefit from being with children who are different from themselves.

- In a well developed program, deaf, hard of hearing, and hearing children benefit from being together.

- All children participate together in activities.

Concerning specific issues related to deaf and hard of hearing children:

- Deaf children are children first.

- Hearing loss is not a disability but a difference.

- Each deaf or hard of hearing child is an individual. He or she needs individual assessment to determine what kind of language or communication mode works best for him or her.

- Deaf and hard of hearing children must have equal access to communication and information.

- Information on deaf culture must suffuse the curriculum and daily life of the program.

All of the Project Access participants did agree that the following key components were necessary to develop an integrated program for deaf, hard of hearing and hearing preschoolers.

Collaboration: parents, teachers and administrators work together in an equal partnership.

Families: families are full partners in the collaboration efforts.

Staff: deaf and hard of hearing individuals are included in the staff.

Children: the program is based on developmentally appropriate early childhood practices. Deaf and hard of hearing children have total access to communication and information.

Curriculum: Deaf culture information is integrated into all aspects of the curriculum.

Training: Administrators, teachers and parents work together to develop a training program.

Evaluation: Evaluation is essential at all levels, and used to support program growth.

The CDC-KDES Integrated Preschool Model is a successful comprehensive program which is obvious by several markers important for deaf and hearing young children and their families: full week education and care, continual language and social stimulation throughout the week, opportunities for deaf and hearing children to learn about each other and begin to accept differences among people, and an appropriately trained staff with low staff turnover rates.

Initially, deaf and hearing children in the CDC-KDES played together only minimally. Over time and through various techniques encouraging interactions, learning about each other and each other culture and language, the deaf and hearing children showed more interactions and acceptance.

The CDC-KDES Integrated Program allows for children to receive all the services and educational programming they need from both KDES and CDC. It allows for parents to feel confident that their child is getting an excellent educational program by attending KDES and also getting high quality child care services by attending CDC. Parents know that in both settings the children will have complete access to their language, information and activities occurring throughout the day.

The CDC-KDES Integrated Model supports both deaf and hearing teachers, assistants, and volunteers in the classrooms. Deaf adults serve as positive role models for both hearing and deaf children. Deaf and hearing adults working together provide children with opportunities to emulate positive working relationships. Hearing children are encouraged to communicate through signing with the deaf adults. Deaf and hearing children are encouraged to sign together. Each day the teachers chose a time for a voice off time, where only sign language is used, to encourage everyone to use sign language. Parents also benefit from the opportunity to interact on a regular basis with adults who are deaf.

The CDC-KDES Integrated Model uses The Creative Curriculum, The Anti- Bias Curriculum, The High Scope Curriculum, and the Reggio Emilia approach and as an underlying guide, The Developmentally Appropriate Practices in Program Serving Children Birth through Age 8, Expanded Edition. Adaptations for each child are made based on the IFSP and IEP.

ADOPTION SITES

There were twelve adoption sites that were part of the Project Access outreach model. The Project Access staff selected these sites to represent the various sites where deaf, hard of hearing and hearing preschoolers are often educated and cared for. Professionals from other preschool programs in Iceland and Canada learned about the outreach program and asked to join the inservice training. A state-wide trainer from Utah, whose responsibilities included training educators working with deaf and hard of hearing children wanted to attend a year of training. An administrator from a deaf agency in Maryland, who was planning to start an integrated child care program joined us for a year.

The various Project Access sites can be divided into seven types of early childhood programs: schools for the deaf, nursery or private early childhood schools, public schools, child care centers (campus, community, and state child care centers), community agencies, and research hospitals. The programs were also located in varied parts of the country. The chart below shows where each

Project Access site is located as well as what kind of program it is. The tables which follow are detailed descriptions of each outreach site, listed by year they were involved with the training modules.

	School for Deaf	Private/ Nursery	Public School	Child Care	Community Agency	Research Hospital
California						
School for the Deaf	X					
Florida						
Broward County			X			
Louisiana						
Newcomb College		X		X		
The Bright School		X				
Maryland						
Deaf Access					X	
Michigan						
Community Nursery		X				
Traverse City			X			
Nebraska						
Boys Town						X
Omaha 2000				X		
New Mexico						
La Casa Felliz				X		
School for the Deaf	X					
Oklahoma						
Happy Hands		X		X		
South Carolina						
School for the Deaf	X					
Texas						
School for the Deaf	X					
Open Door				X		
Wisconsin						
Somerset County			X			

Program Name:	KDES	CDC
Address:	2nd floor, KDES building Gallaudet University 800 Florida Avenue, NE Washington, DC 20002	3rd floor, KDES building Gallaudet University 800 Florida Avenue, NE Washington, DC 20002
Administrator:	Principal: Nancy Shook Supervisor of Preschool: Angela Bednarczyk	Director of Administrative and Community Services: LaVarne Hines Coordinator of CDC: Gail Solit
Funding:	Federal government Demonstration school established by Congressional Act	Parent tuition Fundraising In kind arrangements with KDES: tuition free placement for KDES kids in exchange for resources, consultations, and training
Population:	Preschool Department: birth to age 6; deaf and hard of hearing children some with mild to moderate multiple handicapping conditions	Two to 6 years during academic year Two to 10 years during summer program deaf, hard of hearing, and hearing children some children with other mild to moderate disabilities
Ratio of Teachers to Children:	1 teacher:6 children	2 year olds 1 teacher:4 children 3-4 year olds 1 teacher:5-8 children 5-6 year olds 1 teacher:5 children
Staff Qualifications:	Teachers (11) MA in Deaf Education Aides (5) High school diploma	Teachers (5) BA in Early Education, Child Development, Deaf Education, or related field Assistant Teachers (5) High school diplomas, BA in Early Education or related field Aides (3) Gallaudet University graduate or undergraduate students
Related Services:	Psychological, Social Work, Counseling, Physical Therapist, Occupational Therapist, Nurse, Audiologist, Language Pathologist, Speech Therapist, Sign Language Specialist	Speech/Language Early Intervention Groups, Hearing and Vision Screening, Speech and Language Screening
Site Specifications:	Days: Monday through Friday Hours: 8:30 a.m. - 3:00 p.m. 10 months a year 2-3 year olds - attend 3 days a week 4-5 year olds - attend 5 days a week Free transportation Tuition free placements	Days: Monday through Friday Hours: 7:00 am - 6:00 pm 12 months a year Children attend part or full time Parent-provided transportation Tuition placements
Parent Involvement:	Daily, weekly communication Parent meetings Parent organizations Policy Advisory Council	Daily, weekly communications Parent meetings: individual, class, centerwide Advisory Council Parent committees
Evaluations:	Child progress in curriculum *Grammatical Analysis of Elicited Language-Preschool* Preschool Department developed checklists Individualized Education Program (IEP) Individualized Family Service Plan (IFSP)	*Brigance Developmental Inventory* *Carolina Screening Tool* Individualized Education Program (IEP) Individualized Family Service Plan (IFSP) Note: IEPs & IFSPs for deaf & hard of hearing children

A comparison of Kendall Demonstration Elementary School's preschool program and the Gallaudet University Child Development Center

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Program Areas	*Benefits for the School for Deaf Children*	*Benefits for the Early Education/Child Care Facility*
Staff Development	Information on current child care practices.	Additional training and consultation.
Services	Additional services for students in child care setting such as lead level testing and speech/language early intervention groups.	Vision screening Medical updates Hearing, language, speech screening
Students	Opportunities to interact with hearing children and adults in an environment structured to ensure that the deaf and hard of hearing child will not face communication barriers.	Opportunity to interact with deaf and hard of hearing children and learn to be sensitive to their culture. Exposure to another language.
Costs	No tuition for deaf children (exchange for services)	Additional services at no cost.
Parents	Appropriate placement option in a high quality child care facility at no cost.	Exposing their children to a multicultural setting. Contact with other parents of deaf and hard of hearing and hearing children.
Resources	Joint activities. A full-week intervention program.	Computers, playground, library, and cultural and social events.

Figure 2.3. Benefits of interagency collaboration.

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Project Access Program Description
Three Year Sites
First Year 1994-1995

Program Name	TSD	Open Door Preschool	Happy Hands	The School Board of Broward, FL
Address	1102 S. Congress Ave P.O. Box 3538 Austin, TX. 78764	3710 Cedar Austin, TX. 78705	5120 East 36th Street Tulsa, OK 74315	600 SE 3rd Avenue Ft. Lauderdale, FL 33301
Administrator	Gloria Seidlin-Berstei Principal	Pat Donovan Director	Marie Hodges Director	Wendy Gonsher Supervisor
Funding	State Agency	Tuition, United Way, Child Care Management Systems of Texas (CCMS)	Grants, Tuition, Fund-raisers, Contributions	Local, State, Federal Dollars
Population	Early Childhood Ed. & Parent/Infant Program, Preschool Program, Kindergarten Program, Deaf and Hard of Hearing Children	Infant Center: 0-3 years old, deaf and hearing children, some hearing children with special needs	Ages 0-5 deaf, hard of hearing, and hearing children, some developmental delays	Birth - Pre-K to High School
Ratio of Teachers to Children				1 teacher: 5 children
Staff Qualifications				Teachers: Certification Paraprofessionals H.S. Diploma
Related Services	Site programming, home visits, day care center consultation/ inservice, and Spanish interpreting			Audiology, Speech Therapy, Transportation, O.T., P.T., V.I. Psychology Services, Homebound
Site Specifications	Monday - Friday Hours: 8:30 am-2:30 pm PIP - Part time Preschool - Part or Full time Kindergarten - Full time	Monday - Friday Hours: 7:30 am-5:30 pm Part or Full time Options	Monday - Friday Hours: 7 am - 6 pm	Monday - Friday Full time: 8 am- 2 pm Part time, Parent-Child 186 day School Year + 30 day Summer Session
Parent Involvement				PRIDE: Parents Really Involved in Deaf Education OPEN: Oral Parents Education Network
Evaluations	ELAP IEP IFSP	ELAP		IEP, IFSP, Curriculum Based Assessment, Hiskey-Nebraska Brigance, CAPS

Project Access Program Description
Three Year Sites

First Year 1994-1995

Program Name	Dillard Elementary School	The Bright School	Newcomb College Child Development Center	Newcomb College Nursery School
Address	2330 NW 12th Court Ft. Lauderdale, FL 33311	4404 Walmsley Ave. New Orleans, LA 70125	1305 Broadway New Orleans, LA 70118	7103 Plum Street New Orleans, LA 70118
Administrator	Alice Franklin-Brown Principal	Rossanne Hirsh Principal	Pat Schindler Director	Debbie Pavur Coordinator
Funding	Local, State, Federal Dollars	United Way, Investment income, Annual fund-raiser, Part H funding, Tuition, Grants		
Population	Birth to age 5	Birth to age 6	Birth to age 6 Deaf and Hearing Children	Birth to age 6 Deaf and Hearing Children
Ratio of Teachers to Children	1 teacher: 5 children			
Staff Qualifications	Teachers: Certification Speech and Language Pre-School			
Related Services	Audiology, Speech Therapy, Transportation, O.T., P.T., V.I., Psychology Services, Homebound	Homebound Model, Speech and Language Therapy, OT, PT, VI		Language/Speech Pathologist Counseling
Site Specifications	Homebound	Monday - Friday Hours: Part or Full Time Options		Monday - Friday Hours: Morning Part for Full Time Options
Parent Involvement	PRIDE OPEN			
Evaluations	IEP,IFSP, Curriculum Based Assessment, Hiskey-Nebraska, Brigance, CAPS			

Project Access Program Description
Three Year Sites
Second Year 1995-1996

Program Name	Somerset School District	New Mexico School for the Deaf	Michigan Nursery School	California School for the Deaf	La Casa Feliz
Address	400 Spring Somerset High School Somerset, WI 54025	1060 Cerrillos Road Santa Fe, New Mexico 87503	First Congregational Church 2105 Center Road Traverse City, MI 49686	39350 Gallaudet Drive Fremont, CA 94538	1060 Cerrillos Road Santa Fe, New Mexico 87503
Administrator	Director: Mary Sue Ash	Coordinator: Rosemary Gallegos	Director: Nancy Fraser	Director: David West	Director: Terry Giglos
Funding	School Districts	State supported	Project Access Traverse City Rotary Club Kiwanis Club Grand Traverse Association for the Ed. of Young Children	Parent-Infant Program: Part H. Funds/CA Early Start	Private
Population	3 Deaf, 1 Hard of Hearing, & 4 Hearing preschoolers who have developmental delays	15 Deaf/hard of hearing students ages 2-6 (Santa Fe site only)	3, 4, and 5 year olds	0-6 years - Deaf and Hard of Hearing Children 52 children total	76 Deaf and Hard of Hearing Children
Ratio of Teachers to Children	3-4 Teachers: 8 preschoolers 1-2 high school students per hour	1:2 1:5	2 Teachers/15 children Ratio 7.5 to 1	Parent-Infant: 1 to 10 Preschool: 1 to 8 Kindergarten: 1 to 5	1-4: 2 year olds 1-6: 3-5 year olds 1-8: 5-8 year olds
Staff Qualifications	M.A. Licensed ECSE Teacher, Deaf Ed. And Elem. Ed. Degrees, Licensed aides, Licensed Speech/Language Pathologist	B.A or M.A. in Deaf Education	B. S. Degree in Education	Teaching Credentials Communication Handicap Multi-Subject	Certificate to 4 year degree in Child Development or related field
Related Services	OT & PT available, if needed	OT, PT, Speech, Mental Health, Adaptive PE, ASL Technician	Speech & Language Screening	ASL Consultant, Speech/ Listening Skills, OT/PT-Infant Program Only, Adapted P. E. - 3 years and up as needed, Parent Support Group, Family Counseling	ASL Child care
Site Specifications	Monday - Friday Hours	Preschool housed on New Mexico School for Deaf Campus	Monday - Friday Hours: 9:15 - 11:30 am 12:30 - 3:00 pm	Monday - Friday Hours: 8:30 - 11:30 am K - 8:30 am - 2:30 pm	Housed at New Mexico School for the Deaf
Parent Involvement	Parents involved in Labeling room, Parent/Family weekly class, IEP,IFSP, M-Team meeting and Discussions, help in class and field trips	Group parent meetings, home visits, weekly newsletters, home-school journals, participation in field trips and class activities.	Parents attending class Sign Language Class for Staff and Parents	Weekly Playgroup, Weekly Home Visits (infants), Monthly Home Visits (3-4 years) Classroom Aids & Volunteers Monthly Workshops and Potlucks Fund Raising	Parent meetings Fund Raisers Newsletters
Evaluations	Early Invention uses Hawaii Early Learning Profile, Battelle	Final evaluation based on 9 required competencies in the State of NM	Checklist		Yearly Based on N.A.E.Y.C.

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Project Access Program Description
Three Year Sites
Third Year 1996-1997

Program Name	Boys Town	Kentucky School for the Deaf	Bergen County Special Service School District
Address	555 North 30th Street Omaha, NE 68131	Early Childhood Programs P.O. Box 27, South 2nd Street Danville, KY 40423	
Administrator	Teacher: Marie Condon	Director: Christi Bailey	
Funding	Tuition - School Districts	Kentucky State Legislature Local School Districts	Local School Districts
Population	Parent/Infant: 8 children Preschool: 9 children	0 - 5 years deaf and hard of hearing	11 students in two classes
Ratio of Teachers to Children	Parent/Infant: 3.3 staff : 8 children Preschool: 2 teachers, 1 aide and 1 speech pathologist	1 adult to 3 children (State law)	1 adult to 2 children
Staff Qualifications	Masters Degree in Deaf Education, Speech-Language Pathology or Audiology	BA and MA elementary education Certified teachers of the deaf,	Certified in area of specialization
Related Services	OT, PT, counseling, psychology, audiology, vestibular testing, ENT, medical genetics, coordination, speech/language academics.	Transportation, Audiological, OT, PT, Home Visits	OT, PT, Speech Therapy, Audiology, Counseling
Site Specifications	Infant program (12 months) Toddler group - 1 to 2 times weekly, 2 hours Parent Support Group - 1 time a week Parent Sign Classes - Weekly Preschool - half day, 5 days a week	August to May Transportation by local school districts Danville: Monday-Friday, 8 -12 Paducah: Monday-Thursday, 8:15 -11:35 Owensboro: Monday-Friday, 7:30-12:30 Hazard: Monday-Thursday, 7:30-12:30	September - June, 8:30 - 2:50 Transportation provided by local school districts One oral/aural and one total communication class

Program Name	Boys Town	Kentucky School for the Deaf	Bergen County Special Service School District
Parent Involvement		Volunteer in classroom Home Visits Weekly	Parent Workshops Sign Language classes Parent Training
Evaluations	Formal and informal assessment tools; naturalistic assessments, Communication and Symbolic Play Scales	IEP goals High Scope Child Observation Record (COR)	Standardized Testing Learning Accomplishment Profile

Project Access Program Description
Three Year Sites

Third Year 1996-1997

Program Name	South Carolina School for the Deaf & Blind	Deaf Access Services	Solberg Preschool - Iceland
Address	Reverse-Mainstream Preschool 355 Cedar Spring Road Spartanburg, SC 29302	P. O. Box 3104 Frederick, MD 21705	Vesturhlio 1 105 Reykjavik Iceland
Administrator	Director: Linda McCane	Director: Peter Myers	Assistant Director: Ragnhheidur Thora Kolbeins
Funding	State Appropriation		City of Reykjavik: 70% Tuition: 30%
Population	Two Groups: 2 1/2 - 3 1/2, 31/2 - 5 3 to 6 deaf children in each group		91 Children ages 1-6 years in the preschool program Integrated classroom: 17 children, ages 2-5 years
Ratio of Teachers to Children	Each class has 2 adults and from 5 to 8 children		1 teacher to 4 children
Staff Qualifications	BA Degree		60% of staff are education in the field of special or early education. 40% have no special training
Related Services	Audiological, speech, language, OT, PT		Consultation and assessment from psychologist and speech pathologist, Communication Center for Deaf and Hard of Hearing
Site Specifications	Mid-August - late May 8:00 am - 3:15 pm		12 Months, Monday - Friday 7:30 am to 6:00 pm
Parent Involvement	Sign Language Classes Family Learning Weekends		Setting goals/objectives, PTA, Parent Nights, Parent Conferences, Parent Interviews, Communication books for children who use preschool transportation

Program Name	South Carolina School for the Deaf & Blind	Deaf Access Services	Solberg Preschool - Iceland
Evaluations	Brigance Work sampling system Video tape portfolios Semi-annual progress reports to parent		Parent-teacher interviews, outline of child's progress, set goals with parents, developmental checklist, observation

THREE BASIC APPROACHES TO INTEGRATION USED BY THE PROJECT ACCESS SITES

When the staff of Project Access began to work with various professionals and parents throughout the country interested in creating an integrated preschool for deaf, hard of hearing, and hearing children, three distinct kinds of integration arose, which influenced the kinds of collaborative relations created. The way each type unfolded related closely to the programs' thinking about educating deaf and hard of hearing children, child care, and language development. In the first approach, an integrated program was established at a child care center, with collaboration from a school or program serving deaf children. The reverse was true in the second approach, with a program for deaf children providing the integrated program, with collaboration from a child care center. In the third approach, both a program for deaf children and a child care center were functions of one program. Each of the approaches will be described.

Approach 1: Establishing an Integrated (deaf, hard of hearing, and hearing) Early Childhood Program in a Child Care Center

This first approach, as depicted in Chart 1, not only fostered integration but also answered the need for child care services for many working parents of deaf children. It is important to note that, in places where this occurred, the child care center staff developed interagency agreements with the staff of a school serving deaf children

Chart 1

Location	Initiator	Collaborator	Sharing
Child Care Center	Child Care Center or Program for deaf hard of hearing children	Program for deaf & hard of hearing children or Child Care Center	Children (part-time placements) Expertise/training Space

Figure 1. Approach 1: Establishing an Integrated (deaf, hard of hearing, and hearing) Early Childhood Program in a Child Care Center

The outreach sites that used this approach were the programs in New Mexico, Texas, Louisiana, Michigan, and Nebraska. All of their integrated programs were housed at the child care center. All of the deaf and hard of hearing children attended two programs to receive a comprehensive set of services, education and child care.

Approach 2: Establishing an Integrated (deaf, hard of hearing, and hearing) classroom in a School or Program for Deaf Children

In second approach, shown in Chart 2, integration took place within a state school serving deaf and hard of hearing children or within one or two classrooms

of a public school where deaf children were already being served. State schools taking this approach often found they still needed to connect with a local child care center for children, personnel, or space. Public school classrooms serving deaf children needed to build working relationships with teachers of hearing children. This did not require a formal interagency collaboration since they were part of the same system, but they encountered many of the same issues, barriers, and benefits of formal collaboration.

Chart 2

Location	Initiator	Collaborator	Sharing
State school for deaf or Local public school classroom for deaf and hard of hearing children	State school for deaf or Local public school with program for deaf and hard of hearing children	Child Care Center	Referrals of children, full-time or part-time Expertise/training Space

Figure 2. Approach 2: Establishing an Integrated (deaf, hard of hearing, and hearing classroom in a School or Program for Deaf Children

The outreach sites which used this approach or are planning to use this approach were the programs in California, South Carolina, Kentucky, Florida, New Jersey, and Wisconsin. All of the deaf and hard of hearing children attend an integrated classroom in the school serving deaf children or the public school responsible for providing services for deaf children. The hearing children come into the deaf children's classroom. The deaf children, sometimes still need to attend a child care center for their before or after school needs. Some of the programs have made links with those child care programs.

Approach 3: Creating and Integrated (deaf, hard of hearing, and hearing) Child Care/Early Childhood Program in One Center

Two Project Access programs took a third approach, illustrated in Chart 3. They decided to create both a child care program and an integrated early childhood program in one site without any connection to an established program serving deaf and hard of hearing children. Despite their goal of setting up an all-inclusive, self-sufficient program, these professionals and parents nevertheless found they, too, needed to collaborate with institutions serving families of deaf children for funding, training, referrals of children, or specialized services.

Chart 3

Location	Initiator	Collaborator	Sharing
Site with no previous connection to an established program	Professionals and parents	Institutions and agencies serving deaf and hard of hearing children	Funding Specialized services Expertise/training Referrals of children full-time or part-time Parental support

Figure 3. Approach 3: Creating and Integrated (deaf, hard of hearing, and hearing) Child Care/Early Childhood Program in One Center

The outreach sites which used this approach were programs in Oklahoma and Maryland. In this approach all of the services and education for the deaf children are found in this one program. These programs were developed independently of a collaborated arrangement with an already existing program. Both programs have or are working on developing relations with nearby schools or agencies which provide services for deaf children and their families. The deaf and hearing children are together for part or all of the day.

An Important Note

Approaches 1 and 2 may seem very similar because both involve collaboration between a child care program and a school serving deaf children, but they are quite different in character depending on *where* the program is housed. "Ownership" of the program (who instigates the integration and has taken primary responsibility for promoting the collaboration) and the philosophy or mind set of that home base (whether they approach the operation from the perspective of deaf education or of child care) make a critical difference in how the implementation actually unfolds.

The desired goal for interagency collaboration is joint ownership, where everyone feels responsible for all the children who attend both programs. This joint ownership does not usually come quickly or easily. It requires hard work by all the participants. Through the process of creating an interagency collaborative relationship the participants need to address the issues of "turf", professional roles and duties, decision making and shared vision. All of which are discussed in the book Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices. The hope is that when an interagency relationship is built and joint ownership is achieved the focus of the professionals and parents involved in the integrated program shifts from focusing solely on deafness or child care to focusing on all the issues which effect the preschool deaf children and their families.

Dissemination Activities

National Conferences and Local Talks

Members of the Project Access staff attended at least one national conference each year of the federal grant. We also spoke at a neighboring University special education class and a local child care advocacy and training agency. We chose a variety of national conferences to ensure that we would reach many different populations including administrators and teachers in the field of both deaf and early childhood education, as well as parents. Our goals in each of our presentations were to inform the attendees of1) our federal grant, 2) what professionals and parents were doing in integration programs, specifically for deaf and hard of hearing children, and 3) advocating for the needs of all children with disabilities within child care centers.

1994-1995

The Project Coordinator presented a workshop "Campus Child Care Centers: A Place for All Children" in the spring of 1994 at the National Coalition for Campus Children's Center (NCCCC) national conference in Wisconsin.

The Project Coordinator, the Deaf Education Specialist and a Consultant presented a workshop at the 57th Biennial Convention of Teachers serving Deaf and Hard of Hearing Students in America (CAID conference) on June 25, 1995 in Minnesota. The workshop was entitled: "Establishing Successful Integrated ECE Programs for Deaf Children".

1995-1996

The Project Director presented a workshop at the American Society for Deaf Children (ASDC) Convention on July 23, 1996 in Nebraska. The workshop was entitled: "Parents Role: Advocating for Deaf and Hard of Hearing Children in Child Care Settings".

The Project Director and the Project Coordinator presented a workshop at a local child care agency, Washington Child Development Council (WCDC) on "Working with Deaf and Hearing Preschoolers in Your Center" in the spring of 1996.

The Project Director and the Project Coordinator presented a lecture at a special education class at George Washington University in Washington, DC. The class lecture was on "Etiology, Symptomatology and Interventions of Young Children with Disabilities".

1996-1997

The Project Director, Project Coordinator, Deaf Education Specialist, along with several participants from three of the outreach sites presented a morning pre-conference session at the National Association for the Education of Young Children (NAEYC) conference on November 20, 1996 in Texas. The pre-conference session was entitled: "Integration That Meets the Special Needs of Children and Their Families".

The Project Director led a workshop "Meeting Children's Special Needs...What's Involved" in the spring at the annual conference of the National Coalition for Campus Children's Centers (NCCCC).

Publications

The Project Director and the Deaf Education Specialist are finishing a book Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices. The almost completed draft of the book is included with this report. There are five chapters of this book: Introduction, Collaboration, Families, Staff, and Children. The book includes what was done at the Project Access training sessions, what was learned, and how the different professionals and parents at the various sites implemented or adapted the CDC-KDES Integrated Preschool Model. We expect to have the book published by the end of the 1998 summer.

For the spring edition, 1995 of Early Childhood Health Link, a newsletter written by the Pennsylvania Chapter of the American Academy of Pediatrics, the Project Director wrote an article titled: Practical Pointers for the Inclusion of Deaf Children.

The Project Access staff also published a newsletter, a sample is enclosed at the end of this report. Writing the newsletter was hard to do on a regular basis. A future goal is to publish the newsletter on a regular basis.

Web Page

The Child Development Center has a home page, which has some information about Project Access. A future goal is to extend and improve the home page to share the work of the outreach sites. The address to the web page is: http://www.gallaudet.edu/~precpweb/childev.html

Training Activities

The Project Access training was based on information gathered from the practices of CDC-KDES Integrated Preschool Model, as well as from the Needs Assessment Surveys collected by all the participants attending the inservice training sessions held at Gallaudet University.

The three part training included a three day inservice session for administrators and parents, a three day inservice session for administrators, parents and teachers, homework for all participants between training sessions and a site visit at each participants' program.

The outline for the Project Access outreach model is described below:

Phase One-Part One - Getting Ready

A school administrator and a parent from each program attends the initial three-day training session usually planned for the late fall. The major goal of this meeting is to provide support for programs interested in establishing an interagency agreement. For example, a public school program might want to work with a child care center or nursery school. Before the training session, we provided each participant with a Needs Assessment Form including all of the possible topics for the training. After all the participants have chosen their priority areas, the Project Access staff prepares the training including those topics requested by the participants. The following topics were included in the first inservice session:

- goals of the program
- interagency collaboration
- criteria for selection of children
- staffing issues (recruitment, training)
- working with families (orientation, concerns, cultural issues)
- evaluating program components (model, parent satisfaction, children's progress, staff training methods)

Phase One- Part Two - Setting the Groundwork

Participants leave the training with a plan for implementation of the integrated program, including specific goals in the areas of children's issues, parents' issues, staff issues, and interagency collaboration. The planning process provided some guidelines which the programs will follow between information in the following areas:

- discuss an interagency agreement

- write such an agreement
- develop criteria for selecting children
- begin to assess the current curriculum
- recruit and hiring of additional staff
- locate deaf adults in the community
- determine staff needs and begin training
- begin sign language classes for staff and children
- advertise integrated program
- contact parents to discuss program
- plan and implement parent orientation program
- review and evaluate child assessment tools

Phase Two- Part One - Preparing for Children

Teachers were added to the participants for the second training session in early spring. The major goal of this session was to familiarize participants with methods to successfully integrate deaf and hard of hearing children into a child care setting. Again, participants were provided with a Needs Assessment so that the training could be specific to the needs of the programs involved. This training sessions included the following topics:

- review of child development and developmentally appropriate practices
- learning techniques of deaf and hard of hearing children
- adaptation of the curriculum
- adaptation of the environment
- facilitation of positive interactions among the children
- determination of appropriate responses to negative responses of the children towards other children
- building teams
- relationships between parents and teachers
- evaluation of children's progress

At the conclusion of the second training session, participants were asked to review all of the goals developed in the previous session, to note progress, and to add more goals if appropriate. There were also asked to begin planning for the on-site visit of the Project Access team, later that spring.

Phase Two- Part Two - In the Classroom

It was now expected that the teachers, parents and administrators would return to their facilities and continue to implement what they had been planning. These activities included some of the following items:

- prepare the classroom environment

- review and possibly change the curriculum
- begin new student orientation
- observe and evaluate children's developmental levels
- establish team meetings
- continue staff training
- evaluate communication and socialization among deaf and hearing children and teachers
- evaluate satisfaction of parents
- evaluate team work and communication between parents and staff

Phase Three - Part One - Getting Involved

During this phase, Project Access staff visit the programs, to provide assistance in any identified area. The programs plan the three day technical assistance visit. These visits included:

- meeting with administrators
- meeting with Board of Trustees
- meeting with Superintendents
- meeting with members of other community agencies
- observing/evaluating the classrooms
- observing social interactions between children
- meeting with parents
- providing staff training workshops
- problem solving with the staff
- developing plans for future assistance from Project Access staff

Phase Three - Part Two - Follow Up

After the site visit, the Project Access staff was responsible for summarizing the visit and distributing the summary to all participants at that site. The programs were expected to continue with their work, contacting the Project Access staff for additional assistance or resources.

List of Problems and How They Were Resolved

The Project Access staff did not have many logistical or methodological problems. But each time we encountered one, we adapted. The problems included:

Networking with NEC*TAS for outreach sites

In Goal 9, National Outreach and Growth, we stated that we would "use NEC*TAS to locate personnel from states to be outreach sites for Year 2 and Year 3". Though we did work closely with NEC*TAS and did keep them informed of our project, we were almost always approached by personnel from programs who wanted to work with us, before we would start our search for new sites. The personnel would learn of Project Access through articles, our web site, the newsletter, workshops, and through personal relations and networking systems between professionals in the deaf community, and especially at Gallaudet University. Therefore we did not use NEC*TAS in that way.

Site Visits

In our original budget, we planned to send only one person from the Project Access staff to a site. After we had made our first year site visits, through our self evaluation process, meeting with NEC*TAS professionals and feedback received from the participants, it was decided that the site visits would be more productive if two people from Project Access would travel to each site. The participants felt that they would benefit from the varying expertise of the group. We were able to do that for the Year 2 and Year 3 site visits.

Originally we thought all site visits would occur during the late spring of the year of training. But some participants wanted us to come in the summer or the next fall. The Project Access staff changed their travel plans based on the needs of the participants at each site.

Personnel Changes

In the spring and summer of the third year, the Deaf Education Specialist and Project Coordinator, respectively, resigned from Gallaudet University. This meant that the Project Director, Project Evaluator and Consultants were the only staff remaining on the project. The Project Coordinator and Deaf Education Specialist were not available for one site visit. A Project Access Consultant did the visit to that program in New Jersey. It also meant that the ending tasks of the project including follow up work with Year 3 sites, the final telephone interviewing, and final report were completed by the Project Director and Project Evaluator. The Deaf Education Specialist is still working on the book, though

she has left the University. The Project Director can contact the Project Coordinator when ever needed.

Newsletter

In Goal 12, National Linking and Dissemination, 12c, we wrote "develop and distribute a mainstreaming newsletter to outreach site participants as well as other interested parties, about relevant information about integration, interagency collaboration and best practices for deaf children."

Though we did design, write and distribute a newsletter, we could not attend to it on a regular basis. The other activities of Project Access were so time consuming that we did not write a newsletter often. This is something that we should continue to do, because it was well received. Yet the communication between the Project Access staff and the participants at the outreach sites did not suffer because of the lack of a newsletter.

Note Taker

For the first inservice of the first year, we did not hire a note taker. The Project Access staff thought they could take notes while leading the training. After that session, we had a designated note taker for each session. The notes were sent to all participants after the inservice sessions were finished. The participants very much appreciated the notes.

Housing

When the Project Access staff originally wrote the grant, we wrote the participants would sleep in the Kendall Apartments on campus. During the second year of the grant, the University administration decided to renovate the apartments. Therefore the Project Access staff had to find hotels that could be used, within our budget. It led to some minor inconveniences for the participants and the need for transportation to and from the hotels to the University.

Evaluation Findings

The sites chosen to participate in the Access for All outreach training grant were varied in program type and geographic distribution. The project staff felt early on that they wanted to involve sites that represented the full spectrum of possibilities for development of integrated programs for young deaf, hard of hearing, and hearing children. Once the workshops began and the Access for All project staff began learning more about the Year 1 sites, it became clear that the sites were also varied in their stages of program development, program goals, available resources, program philosophies, and population served. A case study approach was adopted as the most appropriate way of assessing the sites' progress. The data, which is still being collected, is largely qualitative.

Other evaluation activities were aimed at assisting the project staff in developing and refining outreach training to the sites, evaluating the quality and usefulness of the workshops and technical assistance, and monitoring progress at each of the sites.

The project staff conducted needs assessments with the sites to help in the preparation of each workshop. The project evaluator conducted evaluations of each workshop and reported the results back to the project staff as feedback and to use to refine subsequent workshops. A sample workshop evaluation form is attached.

The project evaluator conducted individual debriefing interviews with each project staff member and consultant after the first workshop to assist them in clarifying the purpose of the upcoming site visits and their role during those visits.

The project evaluator developed several evaluation forms to assist the project staff in monitoring the helpfulness of their site visits. During the first site visits, the project staff took notes of their observations and impressions and documented their activities at the sites. The evaluator did a content analysis of these notes to develop the "Evaluation Checklist for ACCESS Site Visits," which served as a guide for more systematic future observations. When the project staff visited sites, they were often asked to do presentations or meet with parents or representatives from area agencies or programs. A "Meeting Evaluation" form and a "Parent Meeting Feedback Form" were developed to obtain feedback on the clarity and usefulness of these meetings. A "Site Visit Feedback" form was also developed to obtain feedback from the site administrator about the usefulness of the site visit. These forms were used as needed.

The project evaluator also developed student and program evaluation forms which the sites could use as needed. During Year 2 a simple observational procedure and form were developed that sites could use to assess the amount and quality of interaction among the deaf, hard of hearing, and hearing children in their classrooms. The form provided for a half hour time sample in which the classroom area where the deaf or hard of hearing and hearing children and adults were playing or working was noted every five minutes. The form was introduced to the sites at the second and third year workshops.

Work with the first and second year sites permitted the project staff to refine the original Access for All model, which had been based on experience with the Gallaudet KDES Preschool and CDC collaboration. The information shared by participating programs at the workshops and on-site interactions with the programs during site visits revealed complexities and richness in the implementation of the model that only became evident with multi-site adoptions. During the third year, a program "template" form was developed and made available to the sites for future program evaluation. This template listed each component that should be considered in the development and implementation of a high quality integrated program, with criteria to be considered for each component. The criteria were designed to be flexible enough to accommodate the variability of programs like those represented in this project. The template was designed to be a self-evaluation guide for integrated programs. The form asked them to first describe how each component would be addressed by their program and what outcomes they would expect related to each component. It then provided a place to summarize how the program components were actually implemented, what the results were, and what evidence was used to support those claims.

Workshop Evaluations

Two workshops were held in each of the three years of the grant. The theme of the first workshop was "Getting Ready" and the theme of the second was "Preparing for Children." Each year provided training to four new sites. In addition, representatives from Year 2 sites returned for the last workshop in Year 3 at their own expense. In Years 2 and 3, persons who were interested in the project from other sites inside and outside the United States attended at their own expense.

Table 1: Workshops Attended by Participating Sites

Year of Grant	First Workshop	Second Workshop	New Sites	Returning Sites	Other Visiting Sites
Year 1	Jan. 18-20, 1995	Apr. 26-28, 1995	Louisiana, Florida, Texas, Oklahoma		
Year 2	Dec. 4-6, 1995	Feb. 14-16, 1996	California, Michigan, New Mexico, Wisconsin		Utah
Year 3	Dec. 4-6, 1996	Feb. 26-28, 1997	New Jersey, Kentucky, South Carolina, Nebraska	Michigan, Wisconsin, New Mexico	Maryland, Iceland, Canada

The content of each workshop reflected the components of the integration model. A needs assessment of the participating sites was conducted before each workshop to tailor the sessions to the information needs of that group at that particular time. Workshop evaluations and goals formulated by each site at the "Getting Ready" workshop provided additional input for planning the "Preparing for Children" workshop. Project staff debriefings after each workshop were also used to assess the relevance and success of the just-completed workshop as well as begin gauging the needs for the next workshop, both within years and across years.

The evaluations of each of the training sessions focused on achievement of workshop objectives, the usefulness of individual sessions and activities, satisfaction with workshop logistics, strengths and weakness of the workshop, and future information needs.

Year 1, "Getting Ready" Workshop Evaluation Results

The participants' evaluation of the first Access inservice workshop was very positive. The participants felt the strongest aspects of the workshop were the ability to discuss and share ideas with people from other programs and to receive project support in developing goals and actions plans for their own programs. The opportunity to learn more about parents was another strong theme.

Of the weaknesses cited, most had to do with particular topics not being specific or relevant enough to individual program needs.

Overall, the participants praised the organization of the workshop and expressed their thanks for the opportunity to participate.

Table 2a: Year 1, "Getting Ready" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children and possible solutions	5	3-to-5
To assist the participants in identifying goals and next steps for their programs to take	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 representing "completely accomplished."

Table 2b: Year 1, "Getting Ready" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	4	3-to-5
Travel arrangements	5	4-to-5
Meals and accommodations	5	3-to-5
Meeting facilities (room, space, lighting, etc.)	5	2-to-5
Interpreting services	5	4-to-5
Sharing of ideas/concerns with other participants	5	3-to-5
Usefulness of the workshop to your program's plans and/or activities	5	3-to-5
Materials and handouts	5	3-to-5
Workshop content and activities	5	4-to-5
Your overall opinion of the workshop	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 2c: Year 1, "Getting Ready" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Orientation and Review of the Agenda	4	3-to-5
Understanding a Federal Grant	3	1-to-5
Sharing Information About Each Other's Programs	5	3-to-5
Exploring Parent Involvement and Concerns	5	3-to-5
Developing Belief Statements	4	2-to-5
Ways to Create a Positive Integration Program	4	2-to-5
Identifying Staff Training Needs and Developing a Training Strategy	3	2-to-5
Round Table Discussion Groups:		
Benefits/Drawbacks to Interagency Collaboration (6 participants)	4	3-to-5
Parent Issues (9 participants)	4	3-to-5
Recruitment and Orientation of Staff (7 participants)	4	3-to-5
Cultural Issues/Parents & Staff (8 participants)	5	3-to-5
Display of Materials and Resources	4	3-to-5
KDES Classroom Observations (4 participants)	5	all 5s
CDC Classroom Observations (9 participants)	5	3-to-5
Evaluating All Aspects of Project ACCESS	5	3-to-5
Planning for the Future	5	4-to-5
Final Wrap Up	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Year 1 "Preparing for Children" Workshop Evaluation Results

At the end of the workshop, the participants were asked to evaluate the accomplishment of workshop objectives, quality and usefulness of the workshop, and the strengths and weaknesses of the workshop. In response to open-ended questions, participants felt the most useful parts of the workshop were the opportunity to talk and share concerns and ideas with other programs that were trying to do the same thing. One participant said, "Sharing experiences from the other participants -- I felt as though I was constantly learning something new OR re-thinking what I thought I knew having been given the opportunity to 'see' it from another perspective." The participants also valued the observations of an integrated program in action at KDES and the Gallaudet CDC. One participant explained why this was important to her: "As always I enjoyed touring your centers – it's good to know that even a 'model' site like KDES or CDC can face some of the same challenges that smaller non-profit sites face." Information on the Anti-Bias Curriculum, Deaf culture, and parent perspectives were also cited as being particularly useful. In turn, one participant who had a young deaf child commented on her experience at the workshop, "Having never been in a deaf atmosphere or around deaf adults and their culture, just being here was useful. I'm inspired by the use of sign language and seeing happy, content deaf adults."

Few weaknesses were cited. The main problem seemed to be not enough time to cover some topics. In addition, several participants said the lodging arrangements for the second workshop were less convenient and made interaction among the participants more difficult. For the "Getting Ready" workshop, the participants had been lodged on one floor in apartments in the KDES building on the Gallaudet campus. For the "Preparing for Children" workshop the apartments were not available and the participants were housed at a hotel about a mile from campus.

When asked what enhanced or limited the usefulness of the meeting, one participant said, "I think we are trying to cover too much too fast. Everyone seems to want more time to talk." Two other participants commented that, "The communication between all of us was good" and there was "Good flow & planning for our needs overall."

Table 3a: Year 1, "Preparing for Children" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children	4	4-to-5
To assist the participants in identifying and refining goals and establishing next steps for their programs to take	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 representing "completely accomplished."

Table 3b: Year 1, "Preparing for Children" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	5	3-to-5
Follow-up support to the January workshop	4	3-to-5
Travel arrangements	5	3-to-5
Meals and accommodations	4	3-to-5
Meeting facilities (room, space, lighting, etc.)	5	3-to-5
Interpreting services	5	3-to-5
Sharing of ideas/concerns with other participants	5	4-to-5
Usefulness of the workshop to your program's plans and/or activities	5	4-to-5
Materials and handouts	5	All 5s
Workshop content and activities	5	4-to-5
Your overall opinion of the workshop	5	All 5s

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 3c: Year 1, "Preparing for Children" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Orientation at KDES Preschool Department	4	3-to-5
Project Progress Review at Lunch	3	1-to-5
Team Building	5	3-to-5
Panel Discussion: Working with Children in Integrated Classrooms	5	3-to-5
Curriculum Review & Adaptation to Curriculum	5	3-to-5
Display of Curricula, Resources & Materials	5	3-to-5
Anti-Bias Curriculum & Deaf Culture Curriculum	5	4-to-5
Bookstore Visit	5	3-to-5
Social Interactions Among Deaf, Hard of Hearing & Hearing Preschoolers	5	4-to-5
Observing Children & Individualizing Instruction	5	4-to-5
Observations at the Gallaudet Child Development Center	5	3-to-5
Relations Between Parents & Teachers	5	3-to-5
Planning for Homework Stages & for Site Visits	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Year 2, "Getting Ready" Workshop Evaluation Results

Nine persons, including program administrators, teachers, and parents from four sites attended the first workshop in Year 2. In addition a staff person from an outreach project in Utah attended at her own expense.

The overall reaction to this initial workshop was very positive. Comments from participants included: "The sessions gave me many ideas to develop as well as confirming and supporting what we are currently doing;" "I thought the workshop was excellent and very helpful – a strong impetus to do the work;" and "It's very interesting workshop and I learned something new to me which was great."

The parts of the workshop that participants felt were particularly useful were the parent panel and facilitated sessions in which the site teams formulated goals and action plans. The opportunity for sites to share experiences and ideas was also cited as a strength. One participant said, "I found the small brainstorming & the large group sharing very useful, especially when we broke up in teams as parents, teachers, and directors. The information sharing with other participants...was wonderful."

None of the participants identified any weak aspects in the workshop.

The participants were asked if there were any topics about which they needed more information. The most frequent request was for information about how to identify program or funding resources to accomplish the goals they had set. One participant wrote, "I'm certainly beginning to realize that many of our ideas will cost MONEY – and as a non-profit (tuition supported) private school, we don't have $$ for such 'extras' as sign language classes ($ for instructor & $ for teacher's time for evening meetings.) -- also would love to have paid deaf adult in classroom, but again no $$ in our budget for him or her." Other information needs related to how to provide language access at all times, social skills, curriculum, adult learning and staff development, Deaf culture, and literacy.

Table 4a: Year 2, "Getting Ready" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children an possible solutions	5	3-to-5
To assist the participants in identifying goals and next steps for their programs take	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 meaning "completely accomplished."

Table 4b: Year 2, "Getting Ready" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	4	2-to-4
Travel arrangements	5	2-to-5
Meals and accommodations	4	3-to-4
Meeting facilities (room, space, lighting, etc.)	4	4-to-5
Interpreting services	5	3-to-5
Sharing of ideas/concerns with other participants	5	All 5s
Usefulness of the workshop to your program's plans and/or activities	5	3-to-5
Materials and handouts	5	3-to-5
Workshop content and activities	5	4-to-5
Your overall opinion of the workshop	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 4c: Year 2, "Getting Ready" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Orientation and Review of the Agenda	5	3-to-5
Importance of Interagency Collaboration	5	4-to-5
Working with Families	5	4-to-5
Visit to Gallaudet Bookstore	5	2-to-5
Components of Integrated Program	5	4-to-5
Staff Training	5	4-to-5
Deaf Culture	5	3-to-5
Parent Panel	5	3-to-5
Evaluation Process	5	4-to-5
Tour of KDES & Gallaudet University	5	3-to-5
Planning Time	5	4-to-5
Wrap Up	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Year 2, "Preparing for Children" Workshop Evaluation Results

Ten program administrators, teachers, and parents from California, Michigan, Wisconsin, New Mexico, and Utah attended the second workshop during Year 2. Washington, DC was hit by an early spring snow storm during workshop which cut the last day short and eliminated the facilitated planning session for some participants. The weather also limited opportunities for observation of the integrated program at the

Gallaudet CDC because of many of the students were absent. Several of the participants took the evaluation forms with them and mailed them back up to a month later. Despite the difficulties encountered, the evaluations of the workshop were positive overall.

The participants identified sessions on cultural awareness, particularly Deaf culture, as one of the strongest aspects of the workshop. One person from a private nursery school program wrote, "Deaf culture was important to me – just [being in] the environment [of Gallaudet]." Another person from a public school program felt it was useful "not seeing deafness as a 'disability or handicap' but more as a difference with its own culture. Also the need for deaf/hard of hearing children to build strong...sign language base with more signing in the environment than we currently have." A parent from the same program wrote, "Being the parent of a hearing impaired child, listening to all the different experiences people have had helped me a great deal with decisions we will have to face in the future."

Other sessions that were particularly useful were team building, program philosophies, and facilitated planning. One participant wrote, "It was extremely helpful and thought provoking. I learned a lot in a short period of time. It helped me think about my role [as an administrator] – what are my responsibilities – what is a dream – what is reality -- what issues need to be resolved?" Another program thought they had "covered a lot of ground, all of which was applicable/useful for our program. We ended feeling like we have many good things going on, like we're right on track with our program already, and like the changes we want to make to improve our program are possible."

Not enough time to discuss some topics and uncooperative weather were related to weaknesses cited by some participants. Other weak aspects related to parent participation and relevance of the topics. One participant felt there should have been more ways to encourage the input and participation of the parents who attended the workshop. In addition, more directors and teachers from schools for the deaf attended the workshops than during the first year. Feedback on the evaluation forms indicated that the information needs of people with a background in deafness tend to be different than the information needs of early childhood people. Some of the staff from the schools for the deaf said the information in sessions on Deaf culture and environmental modifications was good, but it was information they already had, whereas this tends to be new information for early childhood staff.

The participants expressed additional information needs in the following areas: more ways to promote positive interaction between deaf and hearing children; more information on speech development and hearing aids; program evaluation; curriculum; and assessment.

Table 5a: Year 2, "Preparing for Children" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children an possible solutions	4	3-to-5
To assist the participants in identifying goals and next steps for their programs to take	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 meaning "completely accomplished."

Table 5b: Year 2, "Preparing for Children" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	4	3-to-5
Travel arrangements	5	3-to-5
Meals	5	3-to-5
Accommodations	4	3-to-5
Meeting facilities (room, space, lighting, etc.)	4	3-to-5
Interpreting services	5	4-to-5
Sharing of ideas/concerns with other participants	5	4-to-5
Usefulness of the workshop to your program's plans and/or activities	5	3-to-5
Materials and handouts	5	3-to-5
Workshop content and activities	5	4-to-5
Your overall opinion of the workshop	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 5c: Year 2, "Preparing for Children" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Introduction Game	4	4-to-5
Review of Progress toward Goals	4	3-to-5
Classroom Environment Adaptations	4	3-to-5
Curriculum Adaptations	5	3-to-5
Successful Techniques with Deaf and Hard of Hearing Children	5	3-to-5
Team Building	4	3-to-5
Observation of KDES	5	3-to-5
Encouraging Positive Interactions Between Deaf and Hearing Children	4	3-to-5
Visit to Gallaudet Bookstore	4	2-to-5
Expanding Cultural Awareness	5	3-to-5
CDC Observation	4	3-to-5
Planning	5	3-to-5
Sharing Plans (6 no response)	5	3-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Year 3, "Getting Ready" Workshop Evaluation Results

Thirteen parents, teachers, and administrators from the four new sites in New Jersey, Kentucky, South Carolina, Nebraska, Maryland and Iceland attended the first workshop of Year 3. This year meeting facilities and housing were provided at Gallaudet's Kellogg Conference Center on campus, which provided the participants with more opportunities to interact both in and out of the workshop sessions, just as the KDES apartments had done during the first year.

At the close of this workshop, the participants were asked what they were concerned about now when they think about integrating young deaf, hard of hearing, and hearing children. Most of the concerns related to the quality of the interaction to expect between deaf and hearing children and if the needs of both would be equitably met. This central concern was also related to staff development and the provision of good quality language models in the classroom and to parents' understanding and support of the integrated program. Participants had concerns "that both types of children will get the language they need" and about "maintaining quality instruction and language for both groups." Other participants were concerned about "hearing kids' influence overpowering the needs of the deaf and hard of hearing kids" and about "the appropriate use of signs and providing fluency." One person asked, "Will our deaf and hard of hearing children really be involved and not pushed aside or left out?" Another person was concerned that "the deaf and hard of hearing [children] won't have full

access to communication. Staff need to be trained – not just mediocre signing skills, but good quality care with good signing skills."

The aspect of "Getting Ready" which the participants found particularly strong was the facilitated planning session. Other useful sessions included information about components of high quality integrated programs, funding, and developing the vision statement for the program. Part of the latter session involved brainstorming in which parents, teachers, and administrators were grouped separately, so they could talk about what was important to them from their unique perspectives. Several participants said hearing these different perspectives was helpful when teams regrouped to develop their sites' vision statements.

The session on funding was less useful to some participants. One participant said the parent panel was not useful because the situation of parents at Gallaudet's CDC is different from day care in their state.

Participants said they would like more information about student assessment for making integration decisions; recruiting qualified staff, staff development, and team teaching; funding; and more about other integrated day care and early childhood programs. This feedback was used to plan the follow up workshop, "Preparing for Children" which was held about three months later.

Table 6a: Year 3, "Getting Ready" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children an possible solutions	5	4-to-5
To assist the participants in identifying goals and next steps for their programs to take	4	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 meaning "completely accomplished."

Table 6b: Year 3, "Getting Ready" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	5	2-to-5
Travel arrangements	5	4-to-5
Meals	5	4-to-5
Accommodations	5	All 5s
Meeting facilities (room, space, lighting, etc.)	5	3-to-5
Interpreting services	5	4-to-5
Sharing of ideas/concerns with other participants	5	4-to-5
Usefulness of the workshop to your program's plans and/or activities	5	3-to-5
Materials and handouts	5	3-to-5
Workshop content and activities	5	3-to-5
Your overall opinion of the workshop	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 6c: Year 3, "Getting Ready" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Overview of Project Access	5	4-to-5
Vision of Appropriate Programming for Deaf Children and Their Families	5	4-to-5
Working with Families	5	4-to-5
Tour of Gallaudet Campus	4	3-to-4
Visit to Gallaudet Bookstore	4	3-to-5
Components of High Quality Integrated Programs	5	4-to-5
Staffing Issues	5	3-to-5
Parent Panel	4	1-to-5
Evaluation Processes	5	3-to-5
Funding	4	1-to-5
Open Discussion	5	4-to-5
Planning Time	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Year 3, "Preparing for Children" Evaluation Results

A total of 22 persons attended this final workshop, more than any of the other. In addition to parents, administrators, and teachers from the four Year 3 sites (New Jersey, Kentucky, South Carolina, and Nebraska), several persons from the Year 2

sites of Michigan, Wisconsin, and New Mexico attended at their own expense. Some of these people were new staff in these programs. Also attending at their own expense were persons from Maryland, Iceland, and Canada.

While the concerns expressed at the end of "Getting Ready" focused on the interaction among students, the concerns expressed by the participants at the end of "Preparing for Children" seemed to shift to the supports needed to facilitate that interaction. As one participant wrote, "The work ahead seems monumental but possible." In a similar vein, another participant wrote, "Now I have the information I need to 'do it' and have a better and positive attitude and 'hope' knowing it can be done." The concerns now related to finding or developing appropriately trained staff, the quality of staff interaction with children, administrative support, acceptance of the program by parents and people in other programs, collaborating with other agencies to obtain needed services, and funding.

The aspects of the workshop that were particularly useful for the participants were the classroom observations in the KDES preschool and the Gallaudet CDC and the facilitated planning sessions. Opportunities to discuss assessment, curriculum, and integration issues with presenters and other participants was also valuable.

There were few comments about aspects of the program that were not useful. Some participants commented that more time to cover topics and discuss in more detail would have been helpful. One parent said that assessment and evaluation were not pertinent to her and two participants said the cultural issues were not as useful because they were already addressing those needs in their schools.

At the end of the workshop, several participants said they would like more information about assessment. Others requested more information about curriculum, program evaluation, how to read to deaf children, how to use interpreter/tutors with young children, and language issues for hearing children of deaf adults.

Table 7a: Year 3, "Preparing for Children" Workshop Outcomes

ACCOMPLISHMENT OF INTENDED OUTCOMES	MEDIAN	RANGE
To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children an possible solutions	5	4-to-5
To assist the participants in identifying goals and next steps for their programs to take	4	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not accomplished" and 5 meaning "completely accomplished."

Table 7b: Year 3, "Preparing for Children" Workshop Quality

QUALITY OF THE MEETING:	MEDIAN	RANGE
Pre-meeting contacts and information	5	3-to-5
Travel arrangements	5	1-to-5
Meals	5	4-to-5
Accommodations	5	All 5s
Meeting facilities (room, space, lighting, etc.)	5	3-to-5
Interpreting services	5	4-to-5
Sharing of ideas/concerns with other participants	5	3-to-5
Usefulness of the workshop to your program's plans and/or activities	5	4-to-5
Materials and handouts	5	4-to-5
Workshop content	5	4-to-5
Workshop activities	5	4-to-5
Your overall opinion of the workshop	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "unsatisfactory" and 5 representing "excellent."

Table 7c: Year 3, "Preparing for Children" Workshop Usefulness

USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES:	MEDIAN	RANGE
Feedback Session on *Access for All* Book Draft	4	2-to-5
Introductions and Updates from Programs	5	3-to-5
Building Teams; Deaf Children and Their Families	5	4-to-5
Addressing Cultural Issues	5	2-to-5
Developing Language – Research and Practice	5	3-to-5
Assessment of Students	4	2-to-5
Using and Modifying Curriculum	4	3-to-5
Classroom Adaptations and Resources	5	3-to-5
Spotlighting the Teacher: Supporting Positive Social Integration	5	3-to-5
Program Evaluation	4	2-to-5
Preparing for Observation	5	3-to-5
Observations of KDES	5	4-to-5
Observations of CDC	5	4-to-5
Discussion of Observations	4	3-to-5
Planning Time	5	4-to-5

A rating scale of 1-to-5 was used, with 1 representing "not useful" and 5 representing "very useful."

Site Visits

Each site received a site visit from Access for All project staff, usually in late spring or summer following the "Preparing for Children" workshop in which they participated. The goals and stage of development of each site varied, so the visiting schedule was flexible depending on the needs of the program. The knowledge and skills of project staff who made the visits were matched to individual needs of the sites. Each site visit was three days.

Table 8: Site Visits

Site	Project Dir.	Project Coord.	Deaf Education Specialist	Consultant	Project Evaluator
CA: California School for the Deaf, Fremont	X		X		
FL: Broward County Public Schools	X				
KY: Kentucky School for the Deaf	X				
LA: Newcomb College Child Care Center/The Bright School	X				
MI: Traverse City Public Schools/ Community Nursery School		X	X		
NE: Boys Town Research Hospital/Omaha 2000 Child Care	X	X			
NJ: Bergen County				X	
NM: New Mexico School for the Deaf/La Casa Feliz		X	X		X
OK: Happy Hands		X	X		
SC: South Carolina School for the Deaf	X				
TX: Texas School for the Deaf/ Open Door		X	X		
WI: Somerset County			X		X

End-of-Project Interviews

End-of-project interviews were conducted with a total of 19 participants from 10 of the 12 programs and 2 of the visiting programs by the Project Director and Project Evaluator. Most of the interviewees were program administrators, but parents and

teachers were also represented at some sites. The interviews were conducted to determine the status of each program, how the project had supported or not supported establishment of integrated programs at each site, and advice the participating sites had for other programs thinking about setting up integrated programs.

Current Status of Sites

The sites in Wisconsin, Florida, Oklahoma, New Mexico, Nebraska, and South Carolina have integrated programs in operation. Each serves from 3-to-16 deaf or hard of hearing children (average is 8) and about 5 or 6 hearing children. The Wisconsin and New Mexico sites are making plans to expand to the kindergarten level. The Louisiana site is serving about 5 children, each in separate programs. The site in New Jersey is serving children, but more information is needed about what is happening there. Maryland, one of the visiting sites, opened its doors recently. The site in Kentucky is planning and working to put together collaborative agreements with early childhood and day care programs. The California site is still in the planning stage. The sites in Texas and Michigan ended, for lack of children. However, deaf parents in the area of the Texas site are talking about starting up an new integrated program. Michigan had been serving only one deaf child, but now there are no deaf children in that area. The outreach project grant of the visiting Utah site has ended.

Evaluations of Support from the Project

All the participants interviewed said the training and support they got from the project was helpful. Things that were particularly helpful included the amount and quality of the information in the training sessions, support for goal clarification and goal setting, the opportunity to share ideas and problems with other programs at the workshops, and feedback from project staff during and after the site visits.

Participants found the information useful in a number of ways – having a framework from which to operate, filling in knowledge gaps, writing grants to help fund the programs, sharing information with other program staff, and building a case in the community for a need for an integrated program.

Support with planning, focusing goals, seeing how it could be done, and seeing what other programs were doing were all cited as important benefits of the training. One participant said goal setting was helped by having more than one person from each site: "The Access for All grant allowed for more than one or two people. It created a group with a shared vision – that was very important." Several of the respondents talked about how they adapted the orginal model to their local situations. Some found the experience of being at Gallaudet "eye-opening," not only when their observations at KDES and the CDC demonstrated that successful integration was possible, but as they interacted with deaf adults functioning in many capacities on campus. One person from a rural area said, "For the inservice, I liked the deaf persons who presented [at the workshop] with a voice interpreter. In the CDC they have a deaf teacher teach hearing kids and I saw the possibility of that. It changed my attitude." A participant from a

public school program said, "[Our] contact with Gallaudet helped us to respect deaf culture. This year we have two deaf families enrolled." Another person commented that "the Gallaudet population is different, more saturated, not like here. The experience led us to adjust our goals, have higher expectations."

Some of the participants said they had some difficulty adapting the model developed at Gallaudet because they were working in different types of programs with different organizational structures and policies. One person felt Gallaudet did not reflect the real world. However, participants said they made adaptations to fit their local circumstances. One participant said, "We were one institution beginning alone. Others were two places coming together, but we figured it out and the most important things were the dynamics of how to accommodate deaf and hearing together and you covered that well." The site visits were helpful in these situation as they gave site-specific feedback and guidance. The interaction with other sites at the workshops was also helpful. Participants shared ideas about similar problems and how they might be solved. Participants who said their programs were isolated particularly appreciated the interaction with other programs and the feedback from site visits. One participant said, "It was good to have [the Project Director] come in. We're isolated here in a public school. It's good to have 'external eyes' come and look at what we are doing." They felt these interactions were affirming and let them know when they were on the right track.

All the sites felt the site visits were helpful. "They send back feedback that proved helpful and we were able to improve certain things with that." Many of the participants said they would like to have had more site visits, for example, when they were moving to a new stage in the program's development or when they were adding a class for another age level. They also felt it would have been helpful to have a follow up visit after one year to get feedback. Continuing support and more visits would have been very helpful.

Lessons Learned and Project Impact

Project Access was able to follow its original proposal very closely and had a strong impact on all the participants at each site. The impact that Project Access had was largely what we expected. (See Impact section in Grant Proposal). Originally we thought that most of the programs would replicate the CDC-KDES Integrated Model at Gallaudet University. But quickly we learned that though professionals and parents shared our interest in establishing an integrated early childhood program for deaf, hard of hearing and hearing preschoolers (and at some sites infants and toddlers), the specifics related to time, location, criteria, staffing, etc. would need to vary from place to place. These variations would be based on the needs of the families, the limitations of the programs, the resources in the community and the educational philosophies used. By design the Project Access staff chose programs that represented different kinds of programs which served children (schools, child care centers, etc.) and also chose programs which used different approached in educating deaf and hard of hearing children including oral programs, ones which used American Sign Language, Bi-Bi programs, and ones which used Signing Exact English (SEE) and spoken English.

The Project Access staff, in consultation with the Project Officer from the Early Education Programs for Children with Disabilities, felt that these adaptations were appropriate and would make the model more viable and useful for others. It became important that the Project Access staff determine what were the minimum requirements for an appropriate integration program for deaf, hard of hearing and hearing children. The Project Access staff, with the help of the outreach participants determined the keys for the program's vision and goals, collaboration, quality early childhood program, accessible language and communication, needs of deaf, hard of hearing and hearing children, appropriate physical environment, capabilities and characteristics of staff, family involvement, cultural awareness and program evaluation. See the chart on the following page as to what became the guidelines for including sites in our project.

The differences between the outreach project sites and our original model was shown in how these guidelines were met. For example, one of our components is that "Deaf, hard of hearing, and hearing children have adequate access to appropriate adult and peer language models." In the original model, at Gallaudet University CDC-KDES, this is provided by having deaf and hearing teams of teachers within each class, where sign language is used throughout the day. Also in the original model, another way to meet this goal is to have at least two deaf children in each class, at a time. When the professionals and parents at the Community Nursery School in Traverse City, Michigan implemented this component they did so by hiring an interpreter and by having deaf parents volunteer in the classroom, while the deaf children were in the class.

Access for All Components of an Integrated Early Childhood/Day Care Program for Deaf, Hard of Hearing and Hearing Children
Vision and Goals: The program develops a shared vision and goals. Parents and other caregivers, staff, and administrators are involved in developing the shared vision and program goals.
Collaboration: Interagency collaboration or collaboration within an organization is usually needed to develop and implement an integrated program. Collaboration depends on the development of shared goals and objectives, committing resources, and agreeing on mutual roles and responsibilities. The program has adequate administrative commitment and support.
Quality early childhood program: The starting place for a successful integrated program is a good early childhood program that uses Developmentally Appropriate Practices.
Accessible language and communication: The program supports and facilitates communication, language development, and interaction that includes deaf, hard of hearing and hearing children. Deaf, hard of hearing and hearing children communicate and interact socially. Deaf, hard of hearing and hearing children have adequate access to appropriate adult and peer language models. Schedules and planned activities support the social interaction and language development of deaf, hard of hearing children.
Needs of deaf, hard of hearing and hearing children are met: The developmental, language, communication, and educational needs of the deaf, hard of hearing and hearing children in the program are appropriately met.
Appropriate physical environment: The classroom provides a safe, appropriate physical environment for young children. The environment is visually oriented to the needs of young deaf and hard of hearing children.
Capabilities and characteristics of staff: Staff are knowledgeable about and apply principles of child development, early childhood education, language development, and teaming. Staff provide language and cultural role models for deaf, hard of hearing and hearing children. Staff development needs are adequately addressed through professional development activities.
Criteria for selecting students: The program vision describes the type(s) and numbers of children the program intends to serve. The program establishes criteria for selecting students.
Family involvement: The program actively involves parents, other family members, and caregivers.
Cultural awareness: The program demonstrates cultural awareness through its goals, hiring and professional development practices, curriculum, and student assessment procedures. The program facilitates the active involvement of parents of different cultures, including deaf parents.
Program evaluation: External and internal program evaluation needs are identified. Program evaluation is a continuous process that examines how well child and family needs and program goals are being addressed. Program evaluation incorporates the multiple perspectives of parents, staff, administrators, and other key stakeholders.

All of the adaptations to the original model are explained in detail in the Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices.

The majority of participants did replicate the CDC-KDES Integrated Preschool Model, as described in Approach 1 in the section of this report - Description of the Model, Adoption Sites, Dissemination Activities and Training Activities. During the three years of the project, two other approaches for integrating deaf, hard of hearing and hearing preschoolers and establishing interagency collaboration were used. Approach 2 and 3 are also explained in the above mentioned section, as well as which programs used which approach.

Below are listed each goal of the grant and what lessons were learned and what the impact was on those that participated in the project.

Goal 1. AWARENESS SHARING To provide child care programs, programs serving deaf children, state agencies, community groups, and parents with information about educating and caring for preschool deaf and hard of hearing children in integrated early childhood settings.

This goal was met as we planned. The participants from each site were given a copy of the book and videotape of Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers. At virtually each site visit, the videotape was shown. Though not a problem, a surprise which met the Project Access staff was the variation of venues at which the site participants wanted the Project Access staff to speak. Often at these events the video would be shown, always the speech included Awareness Sharing. The Project Access staff led meetings, workshops and training at:1) a day long parents day, 2) the local chapter of the parents of deaf children support group meeting, 3)a city-wide conference on working with children with special needs, 4) Board of Trustee meetings at a School for the Deaf, 5) a planning meeting with the Superintendent of a School for the Deaf, 6) a planning meeting with representatives from across the state who service deaf and hearing children, the local public school, and all disabled children in the state, 7) parent and staff meetings, 8) staff training, and 9) a morning program open to many area child care centers, and arranged by the school serving deaf children. What was learned from this experience was that the staff of an outreach project needs to be very flexible and open to addressing the varied needs of many populations within different communities. The Project Access site participants were thrilled to have speakers, experts in deaf education attend their sites. They often used the Project Access Staff visit as a reason to start their outreach to the community. The participants often were able to meet with Board of Trustees and Superintendents to talk about integration because of the presence of the Project Access staff.

Goal 2. INTERAGENCY COLLABORATION INFORMATION To provide information to lead agencies in several states, programs for deaf children, child care centers and early childhood programs in schools regarding establishing interagency collaborative agreements to integrate deaf and hard of hearing preschoolers.

Originally, the Project Access staff thought that the outreach sites would need to develop interagency collaboration agreements similar to the one established between the Gallaudet University Child Development Center and the Kendall Demonstration Elementary School. What was learned was that each program was unique. Some programs did develop interagency collaborative agreements like the model program, where others needed to develop an agreement between departments within a school, or between a school serving deaf children and several local child care centers, or between the school serving deaf children and several agencies that work with deaf families. What was common among all the programs was that all needed to create interagency agreements. But not all made agreements between a school serving deaf children and a child care center. Also not all participants were not ready to make agreements with other professionals in their communities when they first became involved in this grant. Many used their time in the grant to learn how to establish such a model, but did not have the other programs with whom they were committed.

But as part of the training sessions, information on interagency collaboration was given. All of the aspects of successful collaboration and the pitfalls of what can occur when such arrangements are not made were discussed in detail. The other discovery was the expertise of the participants. Most of the professionals in attendance were very experience. Though the establishment of an integrated preschool program was new to them, most of the participants had experience working with other professionals from other agencies. Therefore throughout all of the training sessions, there was a great deal of sharing and networking between the participants.

Goal 3. RECRUITMENT OF PARENTS FOR INTEGRATED PROGRAM To recruit parents (where needed) to participate in an integrated setting.

This goal was implemented as we had planned. All programs either already had parents interested or had to interest parents. Training focused on how to work with families, the importance of being sensitive to parents from different cultures, and understanding the expectations of each other (parents, teachers and administrators. The best approach to talk about this topic was to ask parents to speak themselves about their stories with their deaf and hearing children and their encounters with staff from hospitals, audiology offices, child care centers and schools for the deaf. During the training sessions, the Project Access staff invited parents from the CDC and KDES programs. Plus the parents from the various sites shared their experiences.

Though we knew from the beginning that having parents involved in the outreach model was important, it became obvious how essential it was for the success of this outreach grant once we began to work with the different groups. Two sites were not able to find parents to attend the training sessions. (One site, did find a parent for the second inservice session). These two sites have not been able to truly implement the integrated program that the professionals at these sites said they wanted. It is too simplistic to say that the reason why these programs have not been successful is because they have not truly embraced the parents. But without interest from the parents, developing this kind of program is very difficult.

Goal 4. PARENT INVOLVEMENT To ensure that parents are fully participating in outreach project and in integrated programs.

This goal was implemented as we had planned. Parents were completely involved in all aspects of the training sessions and the site visits. Parents sometimes surprised themselves as to how involved they were.

For some parents, being involved in Project Access was a catalyst for becoming more involved in issues related to their deaf child. One mother, who never had seen herself as an advocate, began to be very active in the needs of deaf children in her state. She spoke at state legislation hearings and became very active in a local parent group.

Another mother had never met a deaf adult before attending the Project Access inservice training sessions on Gallaudet University campus. This was a watershed event for her in helping her accept her own deaf two year old. It was also a very meaningful observation for the professionals, who realized the importance of ensuring that hearing parents of deaf children meet deaf adults.

Another group of parents were so impressed and pleased with the integrated preschool program in their public school, that they worked with the Board of Education in their state and wrote a grant to the state, asking for an integrated kindergarten class. They were successful.

Goal 5. RECRUITMENT OF DEAF STAFF AND VOLUNTEERS To work with personnel from programs for deaf children, early childhood settings, volunteer clearinghouses, high schools, colleges, and universities to recruit and train deaf individuals to work in integrated settings.

This was implemented as we planned, except that we did not expect professionals from programs to also use hearing high school students, enrolled in sign language classes, as volunteers in the integrated classrooms. These high school students, volunteering in two of the Project Access sites are a real asset to the preschool programs.

Though all participants heard and agreed on the importance of having deaf adults in the classrooms, some administrators were not able to hire deaf adults, usually due to lack of personnel slots and money. At programs, where they did hire deaf teachers, the impact on the deaf children, the hearing teachers and hearing children was dramatic. The deaf children used more language. The hearing teachers became better signers. And the hearing children strengthen their receptive signing skills and often their expressive skills as well.

Goal 6. PREPARATION OF TRAINING MATERIALS To adapt the training materials already available from the CDC-KDES Integrate Preschool Model to match the specific needs of the outreach participants. To prepare more training materials for the inservice sessions of each phase. To prepare a final training manual to be used by others who want to adopt parts or all of the CDC-KDES Integrated Preschool Model

This goal was implemented as planned. For each inservice session a detailed notebook was given to each participant. Many relevant articles, books and videotapes were available to be examined by the participants during the training. Besides the participants receiving the Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers book and videotape, each participant also received a copy of Developmentally Appropriate Practices, published by NAEYC and DEC Recommended Practices: Indicators of Quality in Programs for Infants and Young Children with Special Needs and Their Families, published by the DEC Task Force on Recommended Practices 1993.

The training sessions were based on information gathered by each participant. A needs assessment was sent to everyone, which was the foundation for the training agenda.

A notetaker took copious notes at each inservice. The notes were sent to everyone after the training was finished.

After each site visit, a report was written by a Project Access staff member and sent to the administrator at the site.

The Project Director and Education Specialist are finishing a book entitled: Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices. The book will be part of Gallaudet University Pre-College National Mission Program (PCNMP) products and will be distributed by Harris Communications, Inc. One can use an order form from the Gallaudet PCNMP Products Catalog or call at 1-888-257-5160 (voice) or 1-800-582-9237 (TTY). Or you can fax your order to 1-612-906-1099. Orders can also be mailed to Harris Communications, Inc., 15159 Technology Drive, Eden Prairie, MN 55344-2277. This book will be sold independently and also will eventually be sold

along with Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers, the book and videotape.

The first book and videotape are reasonably priced so that child care professionals can easily afford it. The second book will also be reasonably priced.

The Project Access staff will send the administrator at each site a complimentary copy of Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices. We will also send NEC*TAS a complimentary copy.

Goal 7. INTEGRATION EDUCATION To prepare teachers (deaf and hearing) from project sites for working with deaf and hearing children in an integrated early childhood setting.

This goal was implemented as planned. This is in many ways the most important goal of the project. This goal addresses what is unique about working with deaf, hard of hearing and hearing preschoolers together. The starting point for achieving this goal and related objectives was to use what was learned from the CDC-KDES Integration Model. The third chapter "Inclusion: Adapting the Classroom" of the book and videotape Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers was used.

During the project, the Project Access staff added more information about what makes an early childhood classroom a successful place for the children. We created criteria to examine visual noise within a classroom. The visual noise checklist is included in our new book. We created a time sampling evaluation tool, that teachers could use to determine how often the deaf and hearing children truly interacted.

We stressed the importance of having a high quality early education program as a basis, before one could have a high quality integration program.

We spent much training time on the importance of having deaf and hearing teams within a classroom. These teams serve as models for the children. Through watching and interacting with a working team, the children see how to interact, play with and be friends with each other. During site visits, the presence of a deaf adult made a significant difference in how the deaf and hearing children interacted.

Initially, the teachers at the outreach sites, used many of the techniques used at CDC. Then the teachers at the outreach sites implemented their own methods of encouraging interactions, ensuring that the deaf children had access to all aspects of the curriculum and integrating sign language in the daily activities, when appropriate. These ideas were then shared with the other participants. These ideas were also shared at the NAEYC session, in the fall of the third year of the grant. They are also included in the book.

The areas that were of most concern were reading time, how to motivate teachers to learn and use sign language, and if it was appropriate to separate the deaf and hearing children based on different language and communication needs.

Another aspect of ensuring good integration education was thinking about the criteria of the children in the integrated class. In an oral class, with mostly hard of hearing children and some deaf children, the teachers and director felt that it was critical to have hearing children that had strong language and good social skills. Whereas in most of the schools of the deaf, where they wanted to bring hearing children into the class, they wanted to choose children from deaf families. Therefore the hearing children would more than likely be able to sign and have a basic understanding of deaf culture. Often in these groups they wanted to have large portions of the day, where American Sign Language would be the language of instruction.

Goal 8. EDUCATIONAL INFORMATION DISSEMINATION To provide information to project staff about the various options of education for deaf children, information on deafness, communication, social, and academic development and placement options for deaf child.

This goal was implemented as planned. This became a very important goal, which received a great deal of attention during the site visits. When the Project Access staff visited some programs best practices were not always evident. At times, the Project Access staff felt that their role was to help the deaf education teachers or early childhood teachers learn more about what were best practices in early education and deaf education. All of the participants were extremely eager to improve their programming.

Some professionals were trying to serve many children: deaf children, children with other special needs, and hearing children. Yet they had not determined how to meet all of these children's needs at the same time, in the same setting. It was important for the participants to explore exactly what their vision was, who were their constituents, and what were appropriate ways to address the children's needs.

During the inservice sessions, much attention was given to the latest research about good early education and deaf education. Participants from the different programs shared with each other what practices they were using and what curricula were being used in the various classrooms. The Project Access staff invited many experts from the Gallaudet University faculty and teachers from Kendall Demonstration Elementary School and the Child Development Center to speak about the latest research and practices. All participants were able to observe both KDES and CDC, while children were in attendance.

The findings about integration education are described in full detail in the final product of this grant, Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices.

Goal 9. NATIONAL OUTREACH AND GROWTH To provide NEC*TAS with information about the C-K/IPM model. This in turn will allow NEC*TAS to connect the CDC Outreach Project designers with personnel from states who are interested in adopting ail or parts of this integrated model.

This goal was not implemented as we first expected. See the section on List of Problems and How We Resolved Them.

The Project Director attended the Directors' Meeting each year which was jointly hosted by the Department of Education and NEC*TAS.

Members of the Project Access staff attended three different training and information sharing sessions led by NEC*TAS.

NEC*TAS consultants worked with the Project Access staff during the first year of the grant.

When the book Access for All Deaf and Hard of Hearing Preschoolers: Issues and Practices is completed we will send a copy to NEC*TAS.

Goal 10. OUTREACH EVALUATION To develop, implement and analyze an evaluation process of our outreach efforts with the state's lead agencies for IDEA, administrators of schools for deaf children and early childhood programs, parents, and community.

During our training sessions, we informed the participants as to who their lead agency for the implementation of IDEA was in their state. We encouraged the participants to become involved with the policy makers in their states. Some professionals already had relations with the members of the lead agencies, some developed a relationship and others did not. When the Access for All Deaf and Hard of Hearing Preschoolers book is finished we will send a copy to each lead agency, in states where we worked.

A copy of the final report, including the evaluation section will be sent to each Project Outreach site.

See the section, Evaluation Findings for more information about evaluation results and detailed data tables.

Goal 11. CHILD AND FAMILY PROGRESS EVALUATION To implement and analyze an evaluation process to determine if children are appropriate placed in their integrated settings and if parents are satisfied with the placement.

It was obvious from the beginning that the outreach sites were very different from each other. They were different not only in geographical location and kinds of facilities (schools for the deaf, child care centers, research hospitals, etc.), but also the programs varied in their stages of program development, goals, available resources, program philosophies, and population served. Therefore the Project Evaluator decided to use a case study approach to assess the sites' progress. Illustrated examples from different sites are included in the new book.

Because of the work with the first year sites, which showed the complexities and richness in the implementation of a high quality integrated program, the Evaluator created a template form listing each component that should be considered when creating such a program. The criteria was designed to be flexible enough to accommodate the variability of programs like those represented in this project. The template was designed to be a self-evaluation guide for integrated programs.

See the evaluation section for more information about her findings.

Goal 12. NATIONAL LINKING AND DISSEMINATION To bring together administrators and teachers from different programs serving deaf, hard of hearing and hearing children during the three years to share information on interagency collaboration and integrated programs.

This goal was implemented as planned, except for the newsletter. (See List of Problems section). One of the consistently stated comments by all the Project Access participants was how it important it was to get together with other professionals and parents interested in the same topic. Professionals became clear concerning their own philosophies about integration. Everyone learned from and enjoyed working with each other. Having parents from virtually each site at every meeting was very important. It was critical for the parents because they saw how important their input was and the significance of their role in their child's education. For professionals, having parents attend the meetings made it evident what was important and what was not for these families.

Very important networking was started at the Project Access training sessions. This networking continued at the national conferences which we attended. Integrating deaf and hard of hearing children is different than integrating children with other disabilities. Though deafness is a disability, it is also a culture. When integrating deaf and hard of hearing children, teachers and administrators need to understand good inclusion principles and practices, but they also need to know how to establish a bilingual

program in a classroom. For deaf children who use American Sign Language, the teachers need to know how to use two languages in a classroom. Teachers need to learn how to truly make an environment visual. Teachers need to know how deaf children learn and how they learn language. Through networking efforts and dissemination efforts, this information was shared to early childhood educators, who are being asked to accept deaf children into their programs.

The Project Access staff will continue to determine ways to share this information. See the section on Future Activities.

One of the main ways that Project Access will impact on the field of deaf and early education is to report the findings and advice of the professionals and parents from the Outreach sites. These participants said that if others wanted to establish good integrated programs for deaf and hard of hearing children that it is critically important to:

1) involve parents at the very beginning in all stages from planning, to implementation, to evaluation.
2) involve the deaf community from the beginning as experts, volunteers, storytellers, etc.
3) have deaf adults in the classrooms, preferably as a member of the staff, but at minimum as volunteers.
4) have commitments to this type of programming from all the teaching staff, administrators, and parents.
5) involve people who are flexible, creative and open to program design and practice.
6) have all of the administrative issues related to funding and institutional support resolved.
7) have all of the teaching staff trained in how to work with deaf, hard of hearing and hearing children.
8) plan first and involve key administrators.

Statement of Future Activities

The Project Access staff knows that this outreach grant was useful to professionals and parents who see the need for integrated preschool programs for deaf, hard of hearing and hearing children.

The future goals are based on feedback received from the participants and from the Project Access staff's own self evaluation.

Directory of Programs

The site participants want a directory of programs which have integrated programs. The Project Access staff will create a directory of programs. The goal is that the directory will include not only the programs that worked with Project Access, but also other programs that are doing similar integration activities. We will include some international programs.

Dissemination

The Project Director and Project Evaluator will submit an article for one of the CEC Publication about the findings of the outreach grant, using several program's case studies as examples.

The Project Director will submit an article for the Fall,1998 Gallaudet University publication Preview about what kind of programming is happening in the various outreach sites.

Networking

The Project Access staff will explore the possibility to use the Gallaudet University, Pre-College Child Development Center home page more effectively to share current information about integrated programming.

The Project Access staff will explore the possibility of continuing the newsletter started with this project.

The Project Access staff will explore the possibility of funding for a summer institute. Since, the Project Access participants were so positive about the worth of the inservice training sessions at Gallaudet, we would like these sessions to continue and be available for others.

Assurance Statement

The Gallaudet University Child Development Center sent a copy of this report to ERIC on Monday, May 4 by Federal Express.

APPENDIX

PROJECT ACCESS
AGENDA
FIRST INSERVICE TRAINING SESSION

December 4 - 6, 1996

Wednesday, December 4, 1996

TIME	TOPIC	LOCATION
7:00 - 8:30 A.M.	BREAKFAST	Dining Room B
8:45 - 11:45 AM	Introductions Overview of Training Sessions Overview of Project Access	4 A/B
10:15 - 10:30	BREAK	
	Vision of Appropriate Programming for Deaf Children and Their Families	
12:00 - 1:00 P.M.	LUNCH	Dining Room A
1:00 - 3:15 P.M.	Working with Families	4 A/B
3:15 - 3:30 P.M.	Wrap Up for the Day	
3:30 - 4:00 P.M.	Tour of the Campus	EMA Building
4:00 - 5:30 P.M.	Gallaudet University Bookstore	ELY Center
5:30 - 6:30 P.M.	DINNER	Dining Room A

Thursday, December 5, 1996

TIME	TOPIC	LOCATION
7:00 - 8:30 A.M.	BREAKFAST	Dining Room B
8:45 A.M. - 12:00 P.M.	Components of High Quality of Integrated Programs	4 A/B
10:15 - 10:45 A.M.	BREAK	
12:15 - 1:15 P.M.	LUNCH	Dining Room B
1:15 - 3:00 P.M.	Staffing Issues	4 A/B
3:00 - 3:15 P.M.	BREAK	
3:15 - 4:45 P.M.	Parent Panel	
4:45 - 5:00 P.M.	Wrap Up	
6:00 P.M.	DINNER	Fratelli Italian Restaurant

Friday, December 6, 1996

TIME	TOPIC	LOCATION
7:00 - 8:30 A.M.	BREAKFAST	Dining Room B
8:45 - 10:45 A.M.	Evaluation Process	4 A/B
10:45 - 11:00 A.M.	BREAK	
11:00 A.M. - 11:30 P.M.	Funding	
11:30 A.M. - 12:00 Noon	Open Discussion/ PCNMP Information	
12:00 - 1:00 P.M.	LUNCH	Dining Room A
1:15 - 3:30 P.M.	Planning Time	4 A/B/C
3:45 - 4:15 P.M.	Wrap Up Evaluation	

Project Access
Inservice Session II

PREPARING FOR CHILDREN

FEBRUARY 26 - 28, 1997

WEDNESDAY, FEBRUARY 26, 1997

Time	Topic	Facilitator
7:00 - 8:30 a.m.	Breakfast	
8:45 - 10:00 a.m.	Introductions Overview of Training Session Checking in-What's Up?	Gail Solit
10:00 - 10:15 a.m.	Break	
10:15 - 11:30 a.m.	Making Squares Teaming	Angela Bednarczyk Gail Solit
11:30 - noon	Bookstore	
12:00 - 1:00 p.m.	Lunch	
1:00 - 3:00 p.m.	Addressing Cultural Issues	Sandi LaRue - Atuonah
3:00- 3:15 p.m.	Break	
3:15- 5:15 p.m.	Developing Language- Research and Practice	Carol Erting
6:00 -	Dinner	

THURSDAY, FEBRUARY 27, 1997

Time	Topic	Facilitator
7:00 - 8:30 a.m.	Breakfast	
8:45 - 10:15 a.m.	Assessment	Nancy Topolosky
10:15 -10:30 a.m.	Break	
10:30 -12 noon	Using and Modifing Curricula	Marilyn Sass-Lehrer
12 :00 -1:00 p.m.	Lunch	
1:15 - 2:30 p.m.	Classroom Adaptations and Resources	Janell Bunn-Verdin
2:35 - 3:45 p.m.	Spotlighting the Teacher: Supporting Positive Social Integration	Gail Solit
3:45 - 4:00 p.m.	Break	
4:00 - 5:00 p.m.	Evaluation	Linda Delk
5:30 -	Dinner	

FRIDAY, FEBRUARY 28, 1997

Time	Topic	Facilitator
7:00 - 8:30 a.m.	Breakfast	
8:30 - 9:00 a.m.	Preparing for Observations	Gail Solit
9:15 - 10:15 a.m.	First Observation of KDES or CDC	
10:30 - 11:30 a.m.	Second Observation of KDES or CDC	
11:45 - 12:15 a.m.	Discussion of Observations	Gail Solit
12:15 - 1:15 p.m.	Lunch	
1:30 - 4:00 p.m.	Planning Time	A cast of thousands
4:00 - 5:00 p.m.	Evaluation and Wrap Up	Angela Bednarczyk Janell Bunn-Verdin Gail Solit

NOTETAKER: Angela Bednarczyk

PLANNING FOR THE FUTURE

Interagency Collaboration

GOALS	ACTION NEEDED	PERSON RESPONSIBLE	RESOURCE NEEDED

(Shared beliefs, interagency agreements, etc.) (1/95)

SC

PARENT'S ISSUES

GOALS	ACTION NEEDED	PERSON RESPONSIBLE	RESOURCES NEEDED
(Needs assessment, parent/ professional relationships, parent support, shared goals, etc.)			

STAFF ISSUES

GOALS	ACTION NEEDED	PERSON RESPONSIBLE	RESOURCES NEEDED
(Training topics, teaming, cultural issues, program development, etc.)			

11/96

CHILDREN'S ISSUES

GOALS	ACTION NEEDED	PERSON RESPONSIBLE	RESOURCES NEEDED
(Criteria, meeting educational/ language needs, ratios, assessment, curriculum, environment, safety, etc.)			

11/96

Volume 1, Number 1
Autumn, 1995

Project Access *Newsletter*

Letter from the Director

The second year of the outreach grant for **Project Access** officially started in September. An important project for this second year is to begin publication of the ***Project Access Newsletter.*** We hope it will live on beyond the three-year federal grant (1994-1997).

The newsletter exists to bring relevant, interesting information to professionals and parents working in early childhood programs that integrate preschoolers who are deaf, hard-of-hearing, and hearing. We hope that all of our readers will also consider themselves as potential contributing writers.

Our program is called **Project Access** because its original purpose was to develop an integrated child care and early education program to help insure that every child involved would have access to everything that occurs in the classroom. The teachers, administrators and parents involved with the Gallaudet University Child Development Center (CDC) and Kendall Demonstration Elementary School (KDES) have spent many years learning how to do this, and do it well. That determination provided impetus for the first demonstration grant project, in September of 1988.

Members of the **Project Access** staff and its Advisory Council have created a preliminary list of what it means to provide total access for deaf and hard-of-hearing children in early childhood programs.

- Access to all classroom activities.
- Access through a visual environment that includes sign language, print, pictures, and assistive devices.
- Access to deaf teachers or other deaf adults.
- Access to auditory information through visual communication.
- Access to teachers who are able to communicate in the child's native language.
- Access to children who are learning sign, and who are encouraged and expected to use it.
- Access to Deaf Culture through ASL poetry and storytelling, and information about famous deaf adults.

At CDC, a variety of techniques have helped us work toward meeting all of these goals. Other programs, in the U.S. and elsewhere, use different strategies, often involving staffing and staff/child ratio. In 1994 we wanted to see whether this model, or aspects of it, would be useful in other settings around the U.S. Here we are in the second year of the outreach grant, enjoying our work with various programs throughout the country.

Write to us! We value your questions and comments about how best to serve young children and their families. We hope that this ***Project Access Newsletter*** will be a clearinghouse for ideas, opinions, and information. Use the address on the back; phone us at 202/651-5130 (V/T); fax us at 202/651-5531, or E-mail GASOLIT@ GALLUA. GALLAUDET. EDU. Please let us know how we can meet your needs, and how we can make this forum more useful to you as an educator or a parent. ●

—Gail Solit

Surfing the Net— What Will You Find?

Readers who have access to the Internet may want to subscribe to EDUDEAF, a source of good information, questions, and comments about the education of deaf children, including interpretation issues. The e-mail address is edudeaf@ukcc.uky.edu. You can subscribe by sending the message "SUB EDUDEAF (your name)" to LISTSERV@UKCC.UKY.EDU.

Shirin Antia, at the University of Arizona in Tucson, recently posted an announcement on EDUDEAF asking for information about programs in elementary schools that integrate or practice co-enrollment of deaf and hearing children in a team teaching approach—one regular elementary education teacher and one teacher of deaf children. One class of deaf and hearing children started in Tucson this fall; Dr. Antia is looking for other programs doing similar things. Her e-mail address is SANTIA@ARUBA.CCIT.ARIZONA.EDU. ●

Project Access

Staff: Project Director, Gail Solit
Project Coordinator, Janell Bunn-Verdin
Deaf Education Specialist, Angela Bednarczyk, Ph.D.
Evaluator, Linda Delk, Ph.D.

Project Access is supported by EEPCD Grant #H024 D40051.

Telephone: 202/651-5130; Fax 202/651-5531
E-Mail: GASOLIT@GALLUA.GALLAUDET.EDU

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Grant Program Update

Welcoming New Programs

During this second year of our federally funded CDC outreach grant, ***Project Access*** is pleased to welcome several new cooperating programs: the **California School for the Deaf**, Fremont, CA; the **New Mexico School for the Deaf**; the **Community Nursery School** at the First Congregational Church in Traverse City, MI; and the **Somerset School District**, Special Education Department, in Somerset, WI. Each of the programs will be establishing and/or expanding integrated preschool programs and interagency collaborations.

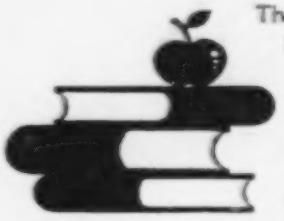
Future Plans

Parents, administrators, and teachers involved in the programs will participate in two in-service training sessions and a site visit. Shelley Kaiser, a guest instructor from the University of Utah, who trains teachers and administrators working with deaf children on a state-wide basis, will join us for the in-service sessions. The first in-service training session will be held December 4-6, 1995, at Gallaudet University. That timing will allow participants to combine it with the NAEYC meeting (Nov. 29—Dec. 5). Among other exciting activities, participants will attend a private showing of *In the Land of the Deaf*.

The future of our outreach grant, as well as the continuation of EEPCD (Early Education Programs of Children with Disabilities), our funding agency, are both uncertain. Early in October, Congress will decide their fate. We will try to keep you informed. A lot of concerned people are advising us to contact our Congressional representatives and urge them to continue to finance these important grants for demonstration, outreach, and research programs.

A Busy First Year

During the first year of ***Project Access***, we worked with **Bright School** and **Newcomb College Nursery School** on the campus of Tulane University, both in New Orleans, LA; **Happy Hands Education Center** in Tulsa, OK; **Texas School for the Deaf** and **Open Door Infant Center**, both in Austin, TX; and the **Broward County School District** in Fort Lauderdale, FL. All of these programs have made good progress toward achieving the goals they established during the first year of the project.



The Bright School created a videotape, to be used as part of a travel kit for training teachers and administrators at child care centers in the New Orleans area. The trainers—parents of deaf children, Bright School board members, and teachers of deaf education—travel in pairs. Most of the the training is likely to take place during nap time at centers that enroll deaf children.

Director **Roseanne Hirsch** of the Bright School is preparing interagency collaboration agreements with several other programs in the area. The Newcomb College Nursery School, for example, now has two deaf children, as well as an aide who is deaf. Ms. Hirsch would like suggestions about the kinds of information and materials that should be part of the traveling training kit. She estimates a need for five training sessions, to cover information about deafness, hearing aids, storytelling and other areas. Send suggestions to Roseanne Hirsch, Bright School, 4404 Welmsley Ave., New Orleans, LA 70125; telephone 504/821-0212.

More about what's happening with all of our participating sites, in future editions of the newsletter. ●

Gallaudet Research Projects

Many readers are aware that the Graduate School and Research Departments of Gallaudet University conduct research related to deaf people and their lives. Several current research projects are likely to interest teachers and families working with young deaf children. The following descriptions are taken from the Fall 1995 publication, ***Research at Gallaudet***.

Ascertaining how deaf and hard of hearing preschool children develop language and literacy skills is the focus of a major project led by **Carol Erting** of the Gallaudet Research Institute (GRI) Culture and Communication Studies Program. The study examines how children and teachers communicate, what strategies teachers use, and how the children acquire language and English literacy in classes where ASL is used for most communication.

Robert E. Johnson, of Gallaudet's Department of American Sign Language, Linguistics, and Interpreting, is studying the effect of early natural sign language acquisition on the development of bilingualism in Deaf Culture. Johnson's article on the subject, "Possible Influences on Bilingualism in Early ASL Acquisition," was recently published in ***Teaching English to Deaf & Second-Language Students***, 10(2), 9-17.

Barbara Bodner-Johnson of Gallaudet's Department of Education is collecting family narratives about deaf members of hearing families. She hopes to discover commonalities among the stories and to gain insight into the effectiveness of the narrative approach for teaching deaf and hard-of-hearing children.

For more detailed reports on these research projects, write to GRI's Center for Assessment and Demographic Studies, Dissemination Office, Gallaudet University, 800 Florida Ave. N.E., Washington, DC 20002; or call 202/651-5575, Fax 202/651-5746; http://www.gallaudet.edu. ●

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What's New at CDC-KDES?

Talking to Each Other

During the spring of 1995, two members of the KDES Communication Department started a communication group for hard-of-hearing and hearing kindergarteners. The group provided an opportunity for hard of hearing children to use their residual hearing and spoken English through play and interaction with hearing peers. Here is what **Bettie Waddy-Smith**, communication specialist for speech, and **Debbie Nussbaum**, audiologist, wrote at the end of the school year.

"Is it Thursday yet?" ask the children from Group D in the Gallaudet University Child Development Center (CDC). "Is it Thursday yet?" ask the children in the Older Playroom (OPR) at Kendall Demonstration Elementary School. These children have been involved in an exciting new program that brings hard-of-hearing and hearing children together for spoken language interaction. But don't tell the children it's about learning. As far as they're concerned, they're just having a great time.

For the past 10 weeks, eight children, four hard-of-hearing and four hearing, have been working every Thursday afternoon for 45 minutes under the direction of Bettie Waddy-Smith and Debbie Nussbaum. Cooperation was easy to establish; both programs are housed in the same building and have an eight-year history of working together.

The goal of the interaction is to let the kids get to know each other in a comfortable, natural environment that promotes appropriate communication skill development for both groups. The children have been involved in playing games, making musical instruments, and learning songs. A special guest, Don Mahoney, Supervisor of the KDES Special Opportunities Program, entertained the children with his wonderful singing and guitar playing. He also introduced them to many musical instruments.

All of the children recently participated in a poster contest designating May as Better Speech and Hearing Month. The theme of the contest was "Communication Makes Things Happen." The children's posters were judged by the KDES/CDC community, and winning entries were sent on to the metropolitan area contest, sponsored by a local group called the Metropolitan Committee for Speech and Hearing Health. The posters of two children from our preschool group were winners in the area-wide competition: Kristina McGregor took first place and Brandon Mcmillan, an Honorable Mention. They received their prizes at an awards ceremony at Gallaudet University in May.

It's easy to see that this communication group has been a positive experience for everyone involved.

ASL in CDC classes

Teachers at CDC use sign throughout the day, and deaf teachers may choose whether or not to voice. Hearing teachers serve as English models for the hearing children, and use signs and voice or signs only with their deaf students. Staff members find this the most natural way of using ASL and English in the classroom.

Hoping to emphasize the use of sign language among the hearing children, and to teach and reinforce the use of ASL for deaf children, CDC teachers have developed several new teaching techniques. When hearing children sign spontaneously, we praise their attempts. We identify the specific signs for each week and relate them to the theme we are studying. Each day, on a random schedule, we declare "voice off" time. It may be during lunch, small group activities, ASL storytelling, or circle/meeting time. During this period, children turn off their voices and communicate in signs, gestures and body language. It is quite a challenge for the hearing children who do not come from deaf families. But they are all trying! ●

Interesting Resources

Discovering with Words and Signs, a resource guide for developing bilingual and bicultural preschool programs for deaf and hearing children, is helpful for anyone setting up an integrated preschool program. The book is written by the staff of Sign Talk Children's Centre (address on page 4), and edited by Greg Evans. It covers such topics as "Working with A Bilingual and Bicultural Staff," Curriculum Themes and Routines," "Communication Guidelines," and "Stages of American Sign Language Development, English Development, and Cultural Development."

In the Land of the Deaf: This is a 99-minute award-winning French documentary film about the history and complexities of the culture and language of deaf people. It shows deaf children in school, a wedding, and interviews with both deaf and hearing people. In French and sign language with English subtitles, the film is distributed by Kino Video, at $79.95.

Access for All: Integrating Deaf, Hard of Hearing and Hearing Preschoolers. Our book and videotape is in its second printing, and is available through the Gallaudet University Bookstore. The first section provides general information on deafness, especially helpful for hearing parents of deaf children and early childhood caregivers without formal training in deaf education. The second offers advice for establishing interagency collaboration, for setting up a cooperative program. The third section show the kinds of program modifications necessary to insure that the early childhood classroom is equally accessible to preschoolers who are deaf, hard of hearing, and hearing.

Chuck Baird and Harry Williams Notecards: Six different sets of 10 notecards by these two artists include full-color reproductions of paintings on Deaf Culture. Available from Dawn Sign Press, 9080 Activity Road, Suite A, San Diego, CA 92126; 619/549-5330 (V/T) and 619/549-2200 (FAX). ●

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Integrating Preschoolers: *Here and Abroad*

Australia: **The Roberta Reid Centre** is a bilingual program for preschoolers who are deaf, CODA's and other hearing children. Auslan (Australian Sign Language) is the main method of communication for the deaf children. The program emphasizes language development, culture and identity, and development of "the whole child." A family-centered approach utilizes cross-age groupings.

More information is available from the director, at:

The Roberta Reid Centre
Early Childhood Services
The Royal NSW Institute
for Deaf and Blind Children
361-365 North Rocks Road
North Rocks NSW 2151

Canada: **The Sign Talk Children's Centre** in Winnipeg provides specialized day care for deaf and hearing children from two to five years of age—with a bilingual/bicultural program in ASL and English. Many of the children, both hearing and deaf, have deaf parents. The program is committed to creating a high quality child-care experience in a safe, healthy and nurturing environment.

For more information write to the director, at:

Sign Talk Children's Centre
825 Sherbrook Street
Winnipeg, Manitoba
R3A1M5

United States: Throughout the U.S., more and more programs are serving deaf and hard of hearing preschoolers along with their hearing peers. One of the best known is ***Tripod,*** now part of the Burbank (CA) Unified School District. With an integrated Montessori focus, ***Tripod*** emphasies child-centered developmental learning, high academic standards, and social integration.

In addition to its preschool program, ***Tripod*** publishes a newsletter titled ***SENSE*** (Support Services for Hearing Impaired Children and Their Families), and provides captions for first-run films. The ***Tripod Grapevine*** is a national toll-free hotline for anyone with questions about raising and educating deaf children (1-800/352-8888).

Information on the ***Tripod*** programs is available from:

Karl Kirchner, Director, TRIPOD
2901 North Keystone Street
Burbank, CA 91504-1620

Conference Calendar

The annual conference of **NAEYC (National Association for the Education of Young Children)** will be held in Washington, DC from November 29 through December 2, 1995, with workshops, seminars and pre-conference sessions relevant to teachers who work with young children. Contact: NAEYC, 1509 16th Street NW, Washington, DC 20036; phone 202/332-8777 (V). If you need an interpreter for the conference contact **Gail Solit** at 202/651-5130 (V/T) or 202/651-5531 (FAX).

The 10th **National Training Institute of Zero to Three** is scheduled for November 30—December 3, 1995, in Atlanta, GA. Contact Zero to Three, 2000 14th St. N., #380, Arlington, VA. 22201. ●

Gallaudet University
Child Development Center
800 Florida Avenue, NE
Washington, DC 20002

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PROJECT ACCESS Workshop Evaluation Form
December 4-6, 1996

Please answer the following questions to help us determine the quality and usefulness of this workshop. Your responses will be used to improve future project meetings. Your opinions would be greatly appreciated.

THANK YOU FOR YOUR TIME AND THOUGHTFULNESS

A. ACCOMPLISHMENT OF INTENDED OUTCOMES: Please rate the extent to which you believe this workshop accomplished its intended outcomes by circling the appropriate number.

	Not Accomplished		Somewhat Accomplished		Completely Accomplished
1. To assist the participants in identifying issues, problems, and possible solutions related to establishing integrated day care/early childhood programs for deaf and hearing children	1	2	3	4	5
2. To assist the participants in identifying goals and next steps for their programs take	1	2	3	4	5

B. QUALITY OF THE MEETING: Please rate your satisfaction with each of the following by circling the appropriate number.

	Unsatisfactory		Average/ Satisfactory		Excellent
1. Pre-meeting contacts and information	1	2	3	4	5
2. Travel arrangements	1	2	3	4	5
3. Meals	1	2	3	4	5
4. Accommodations	1	2	3	4	5
5. Meeting facilities (room, space, lighting, etc.)	1	2	3	4	5
6. Interpreting services	1	2	3	4	5
7. Sharing of ideas/concerns with other participants	1	2	3	4	5
8. Usefulness of the workshop to your program's plans and/or activities	1	2	3	4	5
9. Materials and handouts	1	2	3	4	5
10. Workshop content and activities	1	2	3	4	5
11. YOUR OVERALL OPINION OF THE WORKSHOP	1	2	3	4	5

C. USEFULNESS OF WORKSHOP CONTENT AND ACTIVITIES

Please rate how useful each workshop session was to you?

	Not useful		Somewhat Useful		Very Useful
Wednesday:					
Overview of Project Access	1	2	3	4	5
Vision of Appropriate Programming for Deaf Children and Their Families	1	2	3	4	5
Working with Families	1	2	3	4	5
Tour of Gallaudet Campus	1	2	3	4	5
Visit to Gallaudet Bookstore	1	2	3	4	5
Thursday:					
Components of High Quality Integrated Programs	1	2	3	4	5
Staffing Issues	1	2	3	4	5
Parent Panel	1	2	3	4	5
Friday:					
Evaluation Processes	1	2	3	4	5
Funding	1	2	3	4	5
Open Discussion	1	2	3	4	5
Planning Time	1	2	3	4	5

D. Are there any topics or issues that arose during the workshop about which you want or need more information or assistance?

☐ Yes ☐ No

If "yes", what are those topics or issues? _____

_____

_____

_____

_____

_____

E. When you think about integrating young deaf, hard of hearing, and hearing children, what are you concerned about?

_____

_____

_____

_____

_____

_____

_____

F. Were there some sessions or aspects of the workshop that were particularly relevant or useful? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

G. Were there some sessions or other aspects of the meeting that were less relevant or not useful? ☐ Yes ☐ No

If yes, please describe: _____

_____

_____

H. Were there logistics or procedures (e.g., planning the meeting, communication with you, scheduling, etc.) that enhanced or limited the quality or usefulness of the meeting? ☐ enhanced ☐ limited ☐ both

Please explain: _____

_____

_____

I. **COMMENTS**: Do you have any additional comments or suggestions for future meetings?

_____

_____

J. **Optional**: Which state/country are you representing? ☐ NJ ☐ KY ☐ SC ☐ NE ☐ MD ☐ Iceland

PLEASE RETURN THIS FORM AT THE END OF THE MEETING
THANK YOU!

Evaluation Checklist for ACCESS Site Visits

1. General description of the program(s)
   a. Name of each program
   b. Staff of each program
   c. Students/families of each program
   d. Site of each program
   e. Positives, strengths of each program
   f. Do you have any concerns or see any problems that these programs need to address before it can successfully implement the ACCESS model?
2. Do the programs have an interagency collaboration agreement?
   a. What is the current nature of the interaction between/among programs?
   b. Is the agreement written?
   c. What are the goals of the agreement?
   d. Who are the parties to the agreement?
   e. What does each agree to do?
   f. Are there any problems or concerns?
3. Description and evaluation of the program (the integrated site)
   a. Selection of students for integration
      i. How many deaf, hard of hearing, and hearing children are enrolled in the integrated program?
      ii. How are students selected for the integration program?
      iii. What are the program goals or priorities related to the deaf children? The hearing children?
      iv. How are children assessed?
      v. Does the program have adequate information about the needs of individual children?
   b. Early childhood programming
      i. Do the activities seem to be developmentally appropriate?
      ii. Are activities connected thematically?
      iii. If themes are used, are they appropriate for deaf children?
      iv. Does the program do IEPs and/or IFSPs?
   c. Environment
      i. Is the environment accepting of the needs and abilities of deaf and hard of hearing children? What is the overall attitude toward deaf and hard of hearing children?
      ii. Are deaf role models present in the environment?
      iii. What kind of visual environment does the program provide?
         (1) How is print used in the environment?
         (2) How are visual aids used?
      iv. Does the program use play areas or centers?
      v. Are toys, books, and materials available and accessible to the children?
      vi. Are schedules and routines clearly established and communicated?

d. Language access
   i. How is language used in the program?
   ii. What kind(s) of sign language appear to be used in the program?
   iii. How is sign language used in the program?
   iv. What concerns to teachers, parents, and children have about use of sign language?
   v. Does the program provide native ASL language users/skilled signed English users/spoken English users?
   vi. What kinds of attention-getting and attention maintaining strategies do teachers and aides use?
   vii. To what extent do the program staff use signs?
   viii. To what extent to adults in the environment go to communicate with the deaf and hard of hearing children? Do they use mime or gestures?
   ix. Do teachers and aids rephrase when children do not understand?
   x. Do teachers and aids use visual clues to support understanding?
   xi. Does the program provide sufficient time for the deaf children to be together?
   xii. Do the deaf children have time and activities together?
   xiii. Do students have enough individual time?
   xiv. To what extent does the program exhibit the characteristics of a whole language classroom?
      (1) Does the classroom contain the following at indicators of literacy:
         (a) Messages about current day, e.g., schedules
         (b) Functional labels
         (c) Student dictated or written work
         (d) Explanatory labels
         (e) Displayed directions for activities
         (f) Record collection, either teacher or student generated
         (g) Instruments for writing
         (h) Materials for reading
         (i) Places for reading and writing
         (j) References
         (k) Imaginative play
      (2) Students engaged in structured or free play activities in which they use print for a variety of purposes:
         (a) Personal use
         (b) Report to others
         (c) Descriptive
         (d) Narrative
      (3) Time scheduled for free writing
      (4) Time scheduled for free reading
      (5) Stories are read to children daily
e. Students

i. To what extent do deaf and hearing students interact?
ii. To what extent do the children sign/speak/gesture?

f. Parent involvement in integrated program
i. What role do parents have in the program?
ii. Are hearing parents accepting of having deaf or hard of hearing children in the program?
iii. Are hearing or deaf parents fearful, concerned, or uneasy about having deaf or hard of hearing children in the program?
iv. How does the program communicate with parents about what their children are doing in class?

g. Staff training and development in integrated program
i. Are teachers and aids accepting of deaf and hard of hearing children?
ii. Are teachers and aids fearful or uneasy about having deaf or hard of hearing children in class?
iii. Do the teachers know how to use and care for assistive devices, e.g., hearing aids?
iv. Do staff know how to tell stories to deaf and hearing children?
v. Do staff know how to tell whether the deaf or hard of hearing child has understood?
vi. Does the staff need sign language instruction?
vii. Do staff know how to work with deaf and hearing parents of deaf children?
viii. Did staff in program for the deaf receive any training about integration?

4. Needs of participating programs
a. What needs does this site have?
i. Information
ii. Training
iii. Resources
iv. Other support
b. What needs or concerns could be addressed through the project?

5. Project goals and priorities
a. Are the project goals clear?
b. Are project goals related to program, family, and student needs?
c. How do the stated goals compare to what you saw in practice?
d. What progress is the program making toward its stated goals?
i. What is helping?
ii. What is hindering?
e. What problems, concerns, or issues does the program have related to its goals?
f. Have the project goals changed?

6. Site visit activities
a. Did you present at any workshops? What did you talk about or do?
b. Were there other presenter? What did they talk about?
c. Who did you meet with?

d. What is their role in relation to the program?
e. What needs, concerns, questions, or problems were raised by whom?
f. What went well? What did not go well or as expected? Did anything unexpected happen?
g. What kind of feedback did you get about the meeting or workshop?
h. What are your impressions or concerns about the meeting or workshop?

7. How do you see your role in relation to the program?
   a. What are the program's expectations about your role?
   b. How has your role changed?
   c. How do you expect your role to change?
   d. Do you have any concerns about your role?
8. What else did you learn from visiting this program?

Evaluating Classroom Social Interaction Using Time Samples

Dr. Barbara Nilsen of the Early Childhood-Special Careers Department at Broome Community College in Binghamton, NY, posted the following description of the time sampling technique to the early childhood education ECEOL-L listserv on the Internet on 2/15/95. This description, following in italics, is reproduced here with Dr. Nilsen's permission:

TIME SAMPLE

This is a very revealing, interesting, easy to do [observation] method. Draw horizontal and vertical lines on a sheet of paper making 1 - 1½ inch blocks. Down the left side of the paper write the areas or learning centers in the classroom. Across the top you will be noting the time at 5 min. intervals. During free play at 9:05 you look at the Block area, [for example,]write the names of the children playing there, and so on. Five minutes later you do the same thing. If the same children are still there you can just draw a line extending. At the end of 30 minutes you have factual information from which you can draw conclusions on:

Attention span
Areas of interest/skills
Areas a child never plays - you can just about bet money that's an area where the child is less developed than the above
Who the child is with
If they are playing "truly cooperatively" you can circle their names.
If they are disturbing play you can circle it with a jaggy line.
If their name appears twice in the same 5 min. interval you know they're fast movers.
If their name doesn't appear at all it can mean they're fast movers, they were in the bathroom, in transition, hiding, absent.
The area where no children are is a red flag to the teacher to enrich and make that area more interesting.

.....Time samples are a one day picture and need to be done more often to get a truer picture and really point out changes over time.

Dr. Nilsen has just published a book in which she describes a number of different observation methods, including the time sample:

Nilsen, B. (1996) WEEK BY WEEK: PLANS FOR OBSERVING YOUNG CHILDREN, Albany, NY: Delmar Publishers.

When using the time sample to observe the social interaction of deaf and hearing children in an integrated classroom, you can look to see if the deaf and hearing children are playing in the same areas at the same time, if the deaf children play together and the hearing children play together, or if the deaf children are always with an adult. Additional codes can be used to indicate whether the interaction is cooperative and accepting or excluding. Codes can also be included to indicate how communication is taking place between individuals sharing a play area -- sign, gesture, speech, no apparent communication, etc. In short, the time sample can be adapted to evaluate many different aspects of classroom social interaction among deaf and hearing children and adults in integrated programs.

Prepared by Linda Delk, Ph.D.
Pre-College National Mission Programs
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Time Sample Observations of Deaf 3-Year Olds in Early Childhood Class

Play Area	9:35	9:40	9:45	9:50	9:55	10:00
Log House		4 hearing children	4 hearing children	3 hearing children Matt	3 hearing children	
Fish Pond	Matt 1 adult		Jeff 1 adult person	Jeff 1 adult		
Rocking Boat	4 hearing children	Matt 2 adults	Jeff & Matt 1 or 2 adults?	Matt 1 adult	Jeff 1 hearing child	4 hearing children Jeff
Table with Small Playschool House	Jeff 1 adult	Jeff 1 adult		1 hearing child 1 adult		
Seashell Table					Matt 1 adult	
Puzzle Table						Matt 1 adult)

Location of each of the three adults in the room was not consistently noted during these observations.

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Date:_____ Observer:_____ State:_____

Program:_____

Play Area	Start Time ___:___ AM/PM	5 min. ___:___	10 min. ___:___	15 min. ___:___	20 min. ___:___	25 min. ___:___

State_____ Date ___/___/___

Program_____ Time_____:_____

Meeting Evaluation

Please take a few minutes to help us evaluate the meeting you just attended.

1. What was the topic or purpose of this meeting?

   _____

2. How knowledgeable were the presenters?

   ☐ Very knowledgeable ☐ Somewhat knowledgeable ☐ Not very knowledgeable

3. Was the information clear and understandable? ☐ Yes ☐ Somewhat ☐ No

4. How useful was the information to your needs?

   ☐ Very useful ☐ Somewhat useful ☐ Not very useful

5. Do you feel that your questions and concerns were addressed?

   ☐ Yes ☐ Somewhat ☐ No

6. If followup is available, what other questions or concerns you would like be addressed ?

   _____

   _____

7. If applicable, how would you rate the quality of the interpreting provided?

   ☐ Excellent ☐ Good ☐ Fair ☐ Needs improvement

8. If handouts were provided, were these handouts helpful? ☐ Yes ☐ Somewhat ☐ No

9. Overall, how would you rate the quality of this meeting?

   ☐Excellent ☐ Good ☐ Fair ☐ Poor

Optional: Please tell us a little bit about yourself.

I am a: ☐ program staff person ☐ parent ☐ administrator ☐ other community member

Thank You!

meetingeve

Site_____

Date _____/_____/_____

Parent Meeting Feedback Form

Please help us evaluate the usefulness of this meeting for you by answering the following questions. Do not put your name on this paper.

1. What parts of the discussion tonight were most helpful ***to you***?

_____

_____

_____

2. How helpful ***to you*** was the information shared by the Gallaudet consultants?

☐ Not very helpful ☐ Somewhat helpful ☐ Very helpful

3. To what extent do you feel your questions were answered at tonight's meeting?

☐ All my questions were answered ☐ Some of my questions were answered ☐ None of my questions were answered

4. What questions or concerns, if any, do you still have about the program?

_____

_____

_____

_____

5. Optional: I am a ☐ parent ☐ teacher/staff person

Thank you!

r.mparent.frm

State_____ Date ___/___/___

Site Visit Feedback

Now that the site visit of the Access project staff is nearly complete, please give us some feedback about how helpful the visit was for you.

1. What do you feel are the biggest concerns, issues, or challenges facing your program at this time?

_____

_____

_____

2a. Was the consultation provided by the Access project staff useful?

☐ Very useful ☐ Somewhat useful ☐ Not very useful

2b. What was most useful about the visit?

_____

_____

_____

2c. What was least useful about the visit?

_____

_____

_____

3a. Have your plans or expectations changed as a result of this visit? ☐ Yes ☐ No

3.b. Please explain:

_____

_____

_____

Thank you!

site.age

Access for All Program Evaluation Worksheet -- For "Works in Progress"

Access for All Components of an Integrated Early Childhood/Day Care Program for Deaf, Hard of Hearing and Hearing Children	Planned Program: How does the program intend to address this component? What are the intended outcomes?	Actual Program: How did the program actually address this component? With what results? How do you know?
Vision and Goals: The program develops a shared vision and goals. Parents and other caregivers, staff, and administrators are involved in developing the shared vision and program goals.		
Collaboration: Interagency collaboration or collaboration within an organization is usually needed to develop and implement an integrated program. Collaboration depends on the development of shared goals and objectives, committing resources, and agreeing on mutual roles and responsibilities. The program has adequate administrative commitment and support.		
Quality early childhood program: The starting place for a successful integrated program is a good early childhood program that uses Developmentally Appropriate Practices.		

Linda Delk, Gallaudet University, 2/97

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Access for All Components of an Integrated Early Childhood/Day Care Program for Deaf, Hard of Hearing and Hearing Children	Planned Program: How does the program intend to address this component? What are the intended outcomes?	Actual Program: How did the program actually address this component? With what results? How do you know?
Accessible language and communication: The program supports and facilitates communication, language development, and interaction that includes deaf, hard of hearing and hearing children. ▸ Deaf, hard of hearing and hearing children communicate and interact socially. ▸ Deaf, hard of hearing and hearing children have adequate access to appropriate adult and peer language models. ▸ Schedules and planned activities support the social interaction and language development of deaf, hard of hearing children.		
Needs of deaf, hard of hearing and hearing children are met: The developmental, language, communication, and educational needs of the deaf, hard of hearing and hearing children in the program are appropriately met.		

Linda Delk, Gallaudet University, 2/97

Access for All Components of an Integrated Early Childhood/Day Care Program for Deaf, Hard of Hearing and Hearing Children	Planned Program: How does the program intend to address this component? What are the intended outcomes?	Actual Program: How did the program actually address this component? With what results? How do you know?
Appropriate physical environment: The classroom provides a safe, appropriate physical environment for young children. The environment is visually oriented to the needs of young deaf and hard of hearing children.		
Capabilities and characteristics of staff: Staff are knowledgeable about and apply principles of child development, early childhood education, language development, and teaming. Staff provide language and cultural role models for deaf, hard of hearing and hearing children. Staff development needs are adequately addressed through professional development activities.		
Criteria for selecting students: The program vision describes the type(s) and numbers of children the program intends to serve. The program establishes criteria for selecting students.		

Access for All Components of an Integrated Early Childhood/Day Care Program for Deaf, Hard of Hearing and Hearing Children	Planned Program: How does the program intend to address this component? What are the intended outcomes?	Actual Program: How did the program actually address this component? With what results? How do you know?
Family involvement: The program actively involves parents, other family members, and caregivers.		
Cultural awareness: The program demonstrates cultural awareness through its goals, hiring and professional development practices, curriculum, and student assessment procedures. The program facilitates the active involvement of parents of different cultures, including deaf parents.		
Program evaluation: External and internal program evaluation needs are identified. Program evaluation is a continuous process that examines how well child and family needs and program goals are being addressed. Program evaluation incorporates the multiple perspectives of parents, staff, administrators, and other key stakeholders.		